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

	Complete all entries in accord	uance with	Title ilistructions to the Form 550	U-3F.					
	art I Annual Report Identification Information								
For	or calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
Α	This return/report is for:	a multiple-employer plan (not multiemployer) a one-participant plan							
В	This return/report is: the first return/report	the final return/report							
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)					
С	Check box if filing under:		DFVC program						
	special extension (enter description	on)							
Pa	art II Basic Plan Information—enter all requested information	ation							
1a	Name of plan			1b	Three-digit				
RG P	PSYCHOLOGICAL SERVICES PC 401K PROFIT SHARING PLAN &	TRUST			plan number				
					(PN) 001				
				1C	Effective date of plan 01/01/2003				
2a	Plan sponsor's name and address; include room or suite number (e	mplover. if	for a single-employer plan)	2h	Employer Identification Numbe	r			
	PSYCHOLOGICAL SERVICES INC		ter er enigre enigre, er premi,		(EIN) 13-3801200				
				2c	Sponsor's telephone number				
303 N	MERRICK RD				800-725-6280				
	⁻ E 204 BROOK, NY 11563			2d	Business code (see instruction	s)			
	·			01	611000				
	Plan administrator's name and address (if same as plan sponsor, et PSYCHOLOGICAL SERVICES INC 303 MERRIC		2")	30	Administrator's EIN 13-3801200				
	SUITE 204 LYNBROOK,	NV 11563		3c	Administrator's telephone numl	ber			
	·				800-725-6280				
4	If the name and/or EIN of the plan sponsor has changed since the lame, EIN, and the plan number from the last return/report.	ast 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	a				
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the p								
	complete this item)			5c		4:			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes	No			
b	3				X Yes	No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		,			140			
Pa	art III Financial Information		or and muct motoda acc r crim co						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	1492556		1560963				
b	Total plan liabilities	7b	0		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	1492556		1560963				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а			79948						
	(1) Employers	` '							
	(2) Participants	8a(2)	176581						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	-17530		220000				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			238999				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	170592						
е	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					170592				
i	Net income (loss) (subtract line 8h from line 8c)				68407				
j	Transfers to (from) the plan (see instructions)	8j	0						

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: 2E 2F 2G 2J 2K 2T 3D

Page **2** - 1

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

	The plan provides welfare benefits, effect the applicable welfare readure codes from the List of Flan Ghara	0101101			no mondono	10.			
Part	V Compliance Questions								
10	During the plan year:		Yes	No	Α	moun	:		
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)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	X							
С	Was the plan covered by a fidelity bond?	10c	Χ				15	6096	
d	•								
е	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					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				5	2991	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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	/I Pension Funding Compliance		•						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					∏ Y€	s X	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	s X	No	
а	(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 instruc								
14.	granting the waiver			Day	Y	ear			
b b	ou 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			12b					
				12c					
C Enter the amount contributed by the employer to the plan for this plan year									
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	No	П	N/A	
Part									
	Has a resolution to terminate the plan been adopted in any plan year?				res X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control								
of the PBGC?									
	which assets or liabilities were transferred. (See instructions.) (C(1) Name of plan(s):		13	c(2) El	N/e)	130	(3) P	N/e)	
					14(0)	100	<u>(</u> 0) 1	1(0)	
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, correct, and complete.									

SIGN	Filed with authorized/valid electronic signature.	09/17/2012	WILLIAM CLEMANS
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

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

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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 Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending		12/31/2011				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
	This return/report is: the first return/report	the final	return/report						
	an amended return/report	a short plan year return/report (less than 12 months)							
C	Check box if filing under: X Form 5558	·	c extension	,	DFVC program				
Ŭ	special extension (enter description)	ı	o skieliele.		I Bi vo program				
D.	art II Basic Plan Information—enter all requested inform								
	Name of plan	auon		1h	Three-digit				
ıa	RG PSYCHOLOGICAL SERVICES PC 401K PROFIT	ч снавт	NC	'''	plan number				
		. DIIAICI	140		(PN) • 001				
	PLAN & TRUST			1c	Effective date of plan				
2-					01/01/2003				
∠a	Plan sponsor's name and address; include room or suite number (eRG PSYCHOLOGICAL SERVICES INC	employer, i	f for a single-employer plan)	2b	Employer Identification Number (EIN) 13-3801200				
	TO EDICHOHOLOM DELIVED THE			20	Sponsor's telephone number				
				20	(800) 725-6280				
	303 MERRICK RD			2d	Business code (see instructions)				
	SUITE 204 LYNBROOK		NY 11563		611000				
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	e")	3b	Administrator's EIN				
	SAME			2-					
				3c Administrator's telephone number					
4	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.								
	Sponsor's name	·····	PANELS AND	4c					
5a	, , , , , , , , , , , , , , , , , , , ,			<u>5a</u>	73				
b	Total number of participants at the end of the plan year	5b	68						
С	Number of participants with account balances as of the end of the complete this item)			5c	43				
6a	Were all of the plan's assets during the plan year invested in eligib								
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.)								
Pa	It III Financial Information	orm 5500-	SF and must instead use Form 55	uu.					
7	Plan Assets and Liabilities	112.1 121.4 27 22.1	(a) Beginning of Year		(b) End of Year				
-	Total plan assets	. 7a	1,492,55	6	1,560,963				
	Total plan liabilities	7b		0	0				
	Net plan assets (subtract line 7b from line 7a)		1,492,55	6	1,560,963				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) Total				
а	Contributions received or receivable from:			1000000	inika Krista (n. 1907). 1911 - Propinski prijestova i prijestova (n. 1917). 1873 - 1874 - 1875 - 1875 - 1875 -				
	(1) Employers	8a(1)	79,94						
	(2) Participants	8a(2)	176,58						
_	(3) Others (including rollovers)	8a(3)		9					
b	Other income (loss)		(17,530						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		nik NS	238,999				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8ď	170,59	2					
е	Certain deemed and/or corrective distributions (see instructions)	8e		o					
f	Administrative service providers (salaries, fees, commissions)			o 📰					
g	Other expenses	8g		o					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			170,592				
i	Net income (loss) (subtract line 8h from line 8c)	<u> </u>			68,407				
j	Transfers to (from) the plan (see instructions)		Toward of the Toy Control has been been been by the service of the makes the first transfer of the first of t	O					

			•								
	Form \$/00-5/F 2011	Page 2 -									
Par	IV Play Characteristics		4					· · · · ·			
	if the plan provides penalon benefits, ontor the applicable penalon let 2E 2F 2G 2J 2K 2T 3D	ature codes from the	List of Plan Char	acteris	itia Co	des in	the instruc	tions:			
b											
Part	V Compliance Questions										
10	During the plan year:			Yes	No	<u>'</u> ,,	Amount				
ā	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia	ary Correction Progra	ım), (m	10a		х					
þ	Word there any nonexempt transactions with any party-in-interest? (on fine 10s.)			10b		х					
C	Was the plan covered by a fidelity bond?	**************************************	144441414141414141	10g	Х			156,0	96		
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonasty?			10d		х					
₿	Ware any fees or commissions pold to any brokers, agents, or other insurance sorvice or other organization that provides some or all of the						, , , , , , , , , ,				
	instructional.)			10e		X		····			
f	Has the plan falled to provide any bonefit when due under the plan?	***************	*******************	101		Х					
8	Did the plan have any participant loans? (If "Yes," enter amount as a	ıf year end.),	**********	10g	Х			52, 9 9	91		
h	it this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	***********************	***************************************	10h		×					
	If 10h was answered "Yas," check the box if you either provided the exceptions 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 requirement							∏ Yes 🕅 N	to.		
40	is this a dofined contribution plan subject to the minimum funding re-								10		
12	(If "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicab		1 4 12 01 1110 0000	e, se	· ·	JUE OI 1	2141011111	<u>ы</u> ш ,	•		
a	If a welver of the minimum funding standard for a prior year is being granting the welver.	amortized in this plan	r year, see instruc	tions, In	and e	nter th Day	e date of th	he letter miling Year			
ır,	ou completed line 12s, complete lines 3, 9, and 10 of Schedule N	18 (Form 5500), and	i skip to line 13,				· · · · · · · · · · · · · · · · · · ·				
þ	Enter the minimum required contribution for this plan year	0 4 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1	*******	<u> </u>	12b			<u> </u>		
C	Enter the amount contributed by the employer to the plan for this plan				···] <u>.</u>	12¢					
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	 	***********	, eretea		121					
Q	Will the minimum lunding amount reported on line 12d be met by the	(unding deadline?	<u>1911-1912-1914 (d.1144-1-1-1-1-1-1-</u>		1-354444	224141	Y95	No. NA	-		
Part	VII Plan Terminations and Transfers of Assets					<u> </u>	1-2-1				
13a	Has a resolution to terminate the plan been adopted in any plan year?					<u> </u>	os X N	<u> </u>			
	If "Yes," enter the emount of any plan easets that reverted to the am					N M		de en			
þ	Were all the plan assets distributed to participants or beneficiaries, in of the PBGO?	t-81-1411-1411-14114-4144-41-4114-1	4*{FB:4*}****	******	117117189	risele		Yes X N	10		
C	C If during this plan year, any assets or flabilities were transferred from this plan to another plan(s), identity the plan(s) to which assets or fielbilities were transferred, (See instructions.)										
	3c(1) Name of plan(e):			·	. 13	c(2) Ell	/(E)	13c(3) PN(s	<u>) </u>		
•											
Caul	ion: A panalty for the late or incomplete filing of this return/repor	t will be assessed	unjess regsonabi	in cau	al ex	ngtabl	shed.				
Under penalties of perjuty 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 algreed 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.											
RICHARD JUMAN									\neg		
SIG		Date 9-14-12		***************************************	وأي إم	nino es	plan, năm	iniatrajor			
			100000								
SIG	_	Date	Enter name of in	ıdividi	nt ein	ninė se	emplover	or plan sponsor			
1125	E Bignature of employer/plan sponsor		THE PROPERTY OF THE	- M. 1 7 1 M. 11	W. 143	· (*** 12) 14 9					