#### 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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in acco	rdance wit	h the instructions to the Form 5500	)-SF.				
P	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	)11	and ending 12	2/31/2	2011			
A	This return/report is for:	=	e-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: X Form 5558	automatio	extension		DFVC progra	m		
	special extension (enter descript	tion)		Ų.				
D		,						
	art II Basic Plan Information—enter all requested information	mation		4 14	T. P. 7			
	Name of plan /ARD R. HAMMOCK RETIREMENT PLAN			10	Three-digit plan number			
EDVV	ARD R. HAIWINIOCK RETIREMENT PLAN				(PN) ▶	001		
				1c	Effective date of	nlan		
				. •	12/31/			
	Plan sponsor's name and address; include room or suite number (	(employer, i	for a single-employer plan)		Employer Identif			
	, .		-		(=114)			
				20	Sponsor's telept			
	30 31ST AVENUE, SUITE 700 SHING, NY 11354			2d	Business code (			
	7.11.10.4			Zu	54111		,	
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	3")	3b	Administrator's E			
	MOCK & SULLIVAN, PC 130-30 31S	T AVENUE,		0.0		78502		
	FLUSHING,	, NY 11354		3c Administrator's telephone numbe				
					718-358	3-6400		
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.	e last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
	Total number of participants at the beginning of the plan year			5a				
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 complete this item)		•	5c			2	
6a	Were all of the plan's assets during the plan year invested in eligi				I	X Yes	No	
b			'					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.				
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	185056			169117		
b	Total plan liabilities	7b	6249					
С	Net plan assets (subtract line 7b from line 7a)		178807			169117		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		(4) / 11110 4111		(3) :	<u> </u>		
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)		-3036					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-3036		
d	Benefits paid (including direct rollovers and insurance premiums	00						
	to provide benefits)		6654					
e	Certain deemed and/or corrective distributions (see instructions).							
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				6654		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-9690		
j	Transfers to (from) the plan (see instructions)	··· 8j						

Form	5500	SF	201

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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- 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:

	/ Compliance Questions		Yes	No		A		
	During the plan year:		162	NO		Am	ount	
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)	0a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
		0b		X				
;	Was the plan covered by a fidelity bond?	0с		Χ				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							
		0d		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			X				
	instructions.)	0e		^				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
ı	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	0		Χ				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	0g						
1		0h		X				
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	•						
	· · · · · · · · · · · · · · · · · · ·	10i						
۲ ۱	/I Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl	oto '	School	lulo SE	2 (Eorm			
	5 tills å defined benefit plan subject to minimum funding requirements? (il 1 res, 5ee instructions and compi 5500))						Yes	X N
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		011011	JOE 01		· · · L	_	Ш
	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi	ons.	and e	enter th	ne date	of the l	etter ru	ılina
	granting the waiverMonth							
у	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				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of		···					
	negative amount)			12d				
•	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	s $\square$	No	N//
	/II Plan Terminations and Transfers of Assets						<u> </u>	
				$\Box$	/ \ <u>\</u>	< No		
	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	INO		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur	der	the co	ntrol		г	٦.,	□.
	of the PBGC?					L	Yes	X
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	plar	n(s) to					
	which assets or liabilities were transferred. (See instructions.)		40	-(a) F	INI/~\		40-/0	N DNI/-
	c(1) Name of plan(s):		130	c(2) E	IIV(S)	-+	130(3	) PN(s
<u>'`</u>								
<u></u>						1		
<u>''</u>								

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.	09/20/2012	EDWARD R. HAMMOCK					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	09/20/2012	EDWARD R. HAMMOCK					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

### Form **555** (Rev. June 2011) Department of the Treasury Internal Revenue Service

### **Application for Extension of Time** To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

	identification									
	Name of filer, plan administrator, or plan sponsor (see instructions)	В	Filer's ident	ifying number (se	e instructions	3)				
	Hammock & Sullivan, PC		Employer identification number (EIN)							
	Number, street, and room or suite no. (If a P.O. box, see instructions)		59-3778502							
	130-30 31st Avenue, Suite 70		Social securi	ty number (SSN) i	see instruction	s)				
	City or town, state, and ZIP code			. , ,	•	•				
	Flushing NY 11354									
С			Plan	Plan	year endin	g				
	Plan name	n	umber	MM	DD	YYYY				
	1 Edward R. Hammock Retirement Plan	0	0 1	12	31	2011				
			1 1							
	2									
	VIII AND	]								
	3									
Dа	Extension of Time To File Form 5500 Series, and/or Form 895	5.99A								
: I : G	Extension of time for the form 5500 defies, and/of form 550	0-00A								
1	I request an extension of time until 10 / 15 / 2012 to file Form	m 5500 se	ries (see ins	tructions).						
	Note. A signature IS NOT required if you are requesting an extension to file Form 55		•	•						
	· · · · · · ·									
2	I request an extension of time until / to file Form 8955-SSA (see instructions).									
	Note. A signature IS required if you are requesting an extension to file Form 8955-SS	SA.								
	The application is automatically approved to the date shown on line 1 and/or line 2	(above) if	(a) the Form	n 5558 is filed o	n or before					
	the normal due date of Form 5500 series, and/or Form 8955-SSA for which this exter			i (b) the date on	line 1					
	and/or line 2 (above) is not later than the 15th day of the third month after the normal	I due date.								
Pari	Extension of Time To File Form 5330 (see instructions)									
_										
3	I request an extension of time until / / to file Form		( F - · · · F0	.00						
	You may be approved for up to a 6 month extension to file Form 5330, after the normal	al due dat	e of Form 53	30.						
_	Fatable Ondersation (A) towards the tour		_ 1							
а	Enter the Code section(s) imposing the tax · · · · · · · · · · · · · · · · · · ·		а							
1.	E-traff			<b>.</b> 1	. 1					
b	Enter the payment amount attached			•	b					
_	The surfice towards and the 1000 of 1000F of the Oaks and the surfice towards									
С 4	For excise taxes under section 4980 or 4980F of the Code, enter the revision/amenda State in detail why you need the extension:	nent date		. ▶ [	c					
7	otate in detail why you need the extension.									
nder	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on	n this form a	re true, correc	ct, and complete,	and that I am a	uthorized				

#### 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 section 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

	Pension Benefit Guaranty Corporation	► Complete all entries in accord	dance with	the instructions to the Form 5500	-SF.				
P	art I Annual Report I	dentification Information							
For	the calendar plan year 2011 or fi	scal plan year beginning	01/0:	L/2011 and ending	12	2/31/2011			
Α	This return/report is for:	x a single-employer plan	a multiple-	employer plan (not multiemployer)	[	a one-participant plan			
В	This return/report is:	the first return/report	the final re	turn/report					
_	[	an amended return/report		n year return/report (less than 12 mon	fhs)				
^	L	╡ : : : : : : : : : : : : : : : : : :			, [	DFVC program			
C	Check box if filing under:	X Form 5558	automatic	exterision	L	_ Drvc program			
-		special extension (enter description)				******			
		mation enter all requested infor	mation.			· · · · · · · · · · · · · · · · · · ·			
1a	Name of plan					Three-digit plan number			
	Edward R. Hammock Ret	cirement Plan				(PN) ► 001			
				Ţ.		Effective date of plan			
_				12/31/1994					
2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) Hammock & Sullivan, PC				r single-employer plan)		Employer Identification Number			
						(EIN) 59-3778502			
					ZC	Plan sponsor's telephone number (718) 358-6400			
	130-30 31st Avenue, S	Suite 70			24	Business code (see Instructions)			
110	Flushing	NY 11354		į		541110			
<u>оз</u> 3а		address (If same as plan sponsor, ente	er "Same")		3b	Administrator's EIN			
	Same	autros (il culto de piatropolicon) contr	, ,						
				-	30	Administrator's telephone number			
					Administrator s telephone number				
_									
4	If the name and/or EIN of the pl name, EIN, and the plan number	lan sponsor has changed since the last	t return/rep	ort filed for this plan, enter the	4b EIN				
а	Sponsor's Name	st from the tast returns report.			4c PN				
5a	Total number of participants at	the beginning of the plan year		<i></i>	<b>5</b> a 2				
þ		the end of the plan year		i i	5b_	3			
C		count balances as of the end of the plan			5c				
Ra		ring the plan year invested in eligible a				2 X Yes No			
b	•	e annual examination and report of an i			• •	<u>M</u> 103 _ 140			
		ee instructions on waiver eligibility and				XYes No			
	If you answered "No" to eithe	r 6a or 6b, the plan cannot use Form	5500-SF a	and must Instead use Form 5500.					
Pε	art III   Financial Inform	ation	•		Ţ				
7	Plan Assets and Liabilities			(a) Beginning of Year	<u></u>	(b) End of Year			
а	Total plan assets		7a	185,056		169,117			
b	Total plan liabilities		7b	6,249	<u> </u>				
С	Net plan assets (subtract line 7b	o from line 7a)	7c	178,807		169,117			
В	Income, Expenses, and Transfe			(a) Amount	namazara	(b) Total			
а	Contributions received or receiv  (1) Employers		8a(1)						
	(2) Participants		8a(2)						
	(3) Others (including rollovers)		8a(3)		10000000000000000000000000000000000000				
b	Other income (loss)		8b	(3,036)	(Approximately)				
C		Ba(2), 8a(3), and 8b)	8c		National State of the Land of	(3,036)			
d		ollovers and insurance premiums							
	to provide benefits)		8d	6,654	Tripologica profile monopologica con monopologica profile contrologica profile monopologica profile magnification con				
е	Certain deemed and/or corrective	ve distributions (see Instructions)	8e						
f	Administrative service providers	s (salaries, fees, commissions)	8f		militario de la composició de la composi				
g	Other expenses		8g		And opening				
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h		<u></u>	6,654			
Ĭ	Net income (loss) (subtract line	8h from line 8c)	<b>8</b> i			(9,690)			
j	Transfers to (from) the plan (see	e instructions)	8]						
_						E			

		Form 5500-SF 2011 Page 2-						
na.								
	lf	Plan Characteristics  the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte  2E 2J 3D  the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterian					<b>;</b>	
Pa	rt	V Compliance Questions						
10		During the plan year:		Yes	No	4	Amount	
		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			,
		on line 10a.)	10b		х			
C	;	Was the plan covered by a fidelity bond?	10c		х			
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		х			
е		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 falled to provide any benefit when due under the plan?	10f		x			
g	l	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		х			
i	Αρηνοφούς	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					
<u>Par</u> 11		/I Pension Funding Compliance						
11	,	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	ete Sc	hedule	SB (	Form	Yes	x No
12		s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or [If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						X No
a If	•	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructio granting the waiver	ns, ar th	nd ente	er the Day	date of the I	etter ruling Year	
b	-	Enter the minimum required contribution for this plan year		. Г	12b		<del></del>	
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 result (enter a minus sign to the left of negative amount)	a • •	. [	12d			.,,,,,,
e		Will the minimum funding amount reported on line 12d be met by the funding deadline?	٠.			Yes	No	□N/A
Part	e versessi							
13a		las a resolution to terminate the plan been adopted in any plan year?			 13a		Yes	X No
	(	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und fithe PBGC?			ol • •		Yes	X No
С	١	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	olan(s)	to				
	13	c(1) Name of plan(s):		130	(2) E	N(s)	13c(3)	PN(s)
Cauti	lon	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use is	estat	olishe	d.	· ·	
B or	S	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re- chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repo is true, correct, and complete.	eport, rt, and	Includi	ng, if	applicable, a of my know	a Schedule ledge and	
	Audiny 1888	9/12/17						
SIG	'n							

Date

Date

Enter name of Individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

HERE Signature of plan administrator

SIGN Signature of employer/plan sponsor