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 accord	iance witi	n the instructions to the Form 55	00-5F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011		
A	This return/report is for: $\overline{\mathbb{X}}$ a single-employer plan \Box	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 r	nonths)			
С	Check box if filing under: X Form 5558		DFVC program				
	special extension (enter descriptio	n)		L			
Dr	Int II Basic Plan Information—enter all requested information						
	·	alion		1h	Three-digit		
	Name of plan PAYROLL, LLC RETIREMENT PLAN				plan number		
	ATTOLL, LEG NETTINEMETT I ETT				(PN) • 001		
				1c	Effective date of plan		
					01/01/1998		
	Plan sponsor's name and address; include room or suite number (er PAYROLL, INC.	mployer, if	for a single-employer plan)		Employer Identification Number		
1101	ATROLL, INC.				(EIN) 27-0992659		
				2C	Sponsor's telephone number 631-244-9800		
	VILBUR PLACE EMIA, NY 11716			24			
БОП				Zu	Business code (see instructions) 623000		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b	Administrator's EIN		
	AYROLL, INC. 116 WILBUR	PLACE	,		27-0992659		
	BOHEMIA, N	11716		3c	Administrator's telephone number 631-244-9800		
4	If the name and/or EIN of the plan sponsor has changed since the la	act roturn/	roport filed for this plan, enter the	4b			
7	name, EIN, and the plan number from the last return/report.	asi returri	report med for this plan, enter the	40	EIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			. 5a	83		
b	Total number of participants at the end of the plan year			. 5b	70		
С	Number of participants with account balances as of the end of the p	lan year (d	defined benefit plans do not				
	complete this item)			. 5c	37		
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				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		,				
Pa	rt III Financial Information	JIII 0000	or and must mistead use roim o				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a	Total plan assets	7a	2174214		1927643		
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	2174214		1927643		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total		
а	Contributions received or receivable from:		(a) Amount		(b) Total		
-	(1) Employers	8a(1)					
	(2) Participants	8a(2)	110868				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-253138				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-142270		
d	Benefits paid (including direct rollovers and insurance premiums		67070				
_	to provide benefits)	8d	67072				
e	Certain deemed and/or corrective distributions (see instructions)	8e	37229				
t ~	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g			404004		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			104301		
į	Net income (loss) (subtract line 8h from line 8c)	8i			-246571		
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500-SF 2011	
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Page 2 -	1	
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Part IV	Plan	Characteristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	During the plan year:	ı	Yes	No		Amou	ınt	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X		Alliot		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c		Χ				
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				
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					333
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					42717
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	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	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 instruct granting the waiver. Montl							
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12h	1			
	Enter the minimum required contribution for this plan year			12b				
d	Enter the amount contributed by the employer to the plan for this plan year	of a		12c 12d				
	negative amount)				Yes	Пи	, П	N/A
art '							<u> </u>	
	Has a resolution to terminate the plan been adopted in any plan year?				res X N	lo.		
ısa	If "Yes," enter the amount of any plan assets that reverted to the employer this year				103 <u> X 1</u>	•••		
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol				
~	of the PBGC?						Yes	X No
С	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 plar	n(s) to					
1	3c(1) Name of plan(s):		13	(2) El	N(s)	13	3c(3) F	PN(s)

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/27/2012	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

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OMB Nos. 1210-0110 1210-0089

2011

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2011 13	art : Annual Report Identification Information	dalice Wi	in the instructions to the Point 550	, n-01					
	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending		12/31/2011				
	5	4	e-employer plan (not multlemployer)						
	This return/report is: a single-employer plan the first return/report	<u> </u>	return/report	2 Or one bornohour bron					
	an amended return/report	1	an year return/report (less than 12 m	onthe	١				
_		· ·	, ,	OH IBIO	F=4				
Ü	Cite Control of the C	4	c extension	•	DFVC program				
	apecial extension (enter descripti								
	IT I Basic Plan Information—enter all requested inform	nation		1 41					
1a	Name of plan			1b	Three-digit plan number				
	116 PAYROLL, LLC RETIREMENT PLAN			1	(PN) 001				
				1c	Effective date of plan				
					01/01/1998				
2a	Plan sponsor's name and address; include room or suite number (e	employer, i	f for a single-employer plan)	2b	Employer Identification Number				
	116 PAYROLL, INC.				(EIN) 27-0992659				
				2c	Sponsor's telephone number (631) 244-9800				
	116 WILBUR PLACE			24	<u> </u>	_			
	ВОНЕМІА		NY 11716	20	Business code (see instructions) 623000				
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Sam		3b	Administrator's EIN	_			
	SAME				with the transfer and t				
				3c	Administrator's telephone number	3ľ			
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.		•	THE CONTRACTOR OF THE CONTRACT					
***********	Sponsor's name			4c	PN	~			
5a	Total number of participants at the beginning of the plan year			<u>5a</u>		83			
b	Total number of participants at the end of the plan year,			<u>5b</u>		7(
C	Number of participants with account balances as of the end of the complete this itom)		•	5с		3'			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes ☐ N	No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)	Ū vaa □ s	۷o			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				X Yes [[t	4O			
ď,	rt Financial Information	OIIII 3300°	or and most marade track to the co	ųψ,					
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of Year	<u> </u>	(b) End of Year				
a	Total plan assets	. 7a	2,174,21	. 4	1,927,6	4			
b	Total plan liabilities	. 7b		1					
G	Net plan assets (subtract line 7b from line 7a)	. 7c	2,174,21	4	1,927,6	4			
8	Income, Expenses, and Transfers for this Plan Year	degrada.	(a) Amount	,	(b) Total	-			
а	Contributions received or receivable from:			AN CAN					
	(1) Employers		110.02		And the second s				
	(2) Participants	8a(2)	110,86	8	and the state of t				
	(3) Others (including rollovers)	8a(3)	2050 400	-	grade de la companie				
b	Other income (loss)	8b	(253,138	3.6	11.40.00	<u> </u>			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- 8c			(142,27	U)			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	67,07	2		331 330			
е	Certain deemed and/or corrective distributions (see instructions)	8e	37,22	9					
f	Administrative service providers (salaries, fees, commissions)	8f	and the second s						
g	Other expenses	8g							
ĥ	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			104,3	01			
i	Net income (loss) (subtract line 8h from line 8c)	Sharmer Ashir manned		7	(246,57	$\overline{1})$			
į	Transfers to (from) the plan (see instructions)	8)				<u>-</u>			
				ن توننداب	attended to the second of the				

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of the state of the last	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feat	ure codes from the	List of Plan Char	acteris	ella Ca	des in	the instr	uctions:	
Ju	2A 2E 2F 2G 2J 2K 3D								
þ	if the plan provides welfare benefits, enter the applicable welfare feature	re codes from the l	lst of Pian Chara	cterist	ic Cod	les in t	he Instruc	ctions:	
Parl	V Compliance Questions								
10	During the plan year:				Yes	No		Amoun	t
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary	y Correction Progr	am)	10a		х			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
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 fidel or dishonesty?			10d		Х			
ø	Were any fees or commissions paid to any brokers, agents, or other pulneurance service or other organization that provides some or all of the instructions.)	e benefits under th	e plan? (See	10e	Х				333
f	Has the plan falled to provide any benefit when due under the plan?	47577777777777777777777777777777777777	+4=1140+4101100+4444	10f		Х			
g	Did the plan have any participant loans? (If "Yes;" enter amount as of	year end.)	*******	10g	Х			- Haramanidad A	42,717
h	If this is an individual account plan, was there a blackout period? (See 2520,101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	ne of the	10i					
Part	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirements 5500)).							. Ye	s X No
12	is this a defined contribution plan subject to the minimum funding requ							7	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 an granting the waiver:	nortized in this pla	Mon						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME				г		T		
b	Enter the minimum required contribution for this plan year				·· ⊢	12b			NA AL Investigation
C	Enter the amount contributed by the employer to the plan for this plan is Subtract the amount in line 126 from the amount in line 12b. Enter the				‴ ⊢	12c			
Cl	negative amount)	***************************************	***************************************		···	12d	7 Yes	П №	∏ N/A
	Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?	**************************************				100	140	INA
Part	2.200					HOUSE .	es X	N.a.	
13a	Has a resolution to terminate the plan been adopted in any plan year?					<u> </u>	es X	NO	
- 1.	If "Yes," enter the amount of any plan assets that reverted to the emplo				3a	- ! ?			
c	Were all the plan assets distributed to participants or boneficiaries, transfer the PBGC?							Ye	s X No
1	3c(1) Name of plan(s):		7/17/20 14-14-14-14-14-14-14-14-14-14-14-14-14-1		130	(2) El	N(s)	130	(3) PN(s)
			-			· · ·			<u> </u>
	ion: A penalty for the late or incomplete filling of this return/report o								
SB o	or penalties of perjury and other penalties set forth in the instructions, I d r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct and complete.	leclare that I have a the electronic vers	examined this rotusion of this return/	im/rep report,	ort, in , and t	cluding o the t	g, if applic seat of my	cable, a So knowledo	chedule ge and
	Con Boreasion	9/24/12	JOHN BONLA	RRON	1	199426		, , , , , , , , , , , , , , , , , , ,	* ±12.
8IG HER			Enter name of in			ning as	plan adı	ninistrator	
						and Co.	1	277 0737	
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Page **2** -

Form 5500-SF 2011