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).

1210-0089

OMB Nos. 1210-0110

2011

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 1	2/31/2	2011		
Α	This return/report is for:	a multiple	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)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program	m	
	special extension (enter description)	_		ı			
_	<u> </u>	,					
	art II Basic Plan Information—enter all requested inform	nation					
	Name of plan				Three-digit plan number		
IMR	PROFIT SHARING PLAN				(PN)	001	
					Effective date of		
				10	01/01/		
2a	Plan sponsor's name and address; include room or suite number (emplover, if	for a single-employer plan)	2h	Employer Identifi		r
	HNOLOGY MANAGEMENT RESOURCES, INC.	op.o, o.,	rer a emgre empreyer pramy		(EIN) 59-308		
					Sponsor's teleph	none number	
700 1	N. STATE ROAD 434			_0	407-830		
	AMONTE SPRINGS, FL 32714			2d	Business code (s	see instructions	s)
					44312		,
3a	Plan administrator's name and address (if same as plan sponsor,	enter "Same	e")	3b	Administrator's E	IN	
	HNOLOGY MANAGEMENT RESOURCES, INC. 766 N. STA	ΓE ROAD 4	34		59-308	38615	
	ALTAMONT	E SPRING	5, FL 32714	3с	Administrator's to		oer
_					407-830	-4222	
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.	last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	a Total number of participants at the beginning of the plan year				T		13
	, , , , , , , , , , , , , , , , , , , ,			<u>5a</u>			12
b	Total number of participants at the end of the plan year			5b			12
С	Number of participants with account balances as of the end of the complete this item)		•	5c			12
62	Were all of the plan's assets during the plan year invested in eligi					X Yes	No
b			,			N 100	110
~	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 I		•				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	239207			262065	
b	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)		239207			262065	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(a) Amount		(b) T	Otai	
u	(1) Employers	8a(1)	30000				
	(2) Participants						
	(3) Others (including rollovers)						
b	Other income (loss)		-3287				
	` '		3201			26713	
ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				20710	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	3855				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					3855	
i	Net income (loss) (subtract line 8h from line 8c)					22858	
i	Transfers to (from) the plan (see instructions)						
		··· 8j					

_		\sim –		
⊢orm	5500	-S-	201	

Part IV	Plan	Characte	aristics
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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 2J 2K
 - **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amoun	t
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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				20000
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			
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		Χ			
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					
art	VI Pension Funding Compliance			<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					∏ Y€	es X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	es X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter the minimum required contribution for this plan year			12b			
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 negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol			es 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.)	ne plar	n(s) to				Ш
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13c	(3) PN(s)
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.						

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.	10/03/2012	TIMOTHY W. CLIFFORD					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/03/2012	TIMOTHY W. CLIFFORD					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso					

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).

Complete all entries in accordance with the instructions to the Form 5500 SE

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	V Complete all entries in accor	ualice wi	in the instruc	tions to the Form 550	U-3F.				
	art I Annual Report Identification Information	01/01/							
1-0		01/01/ -	2011	and ending		12/31/201	1		
Α	This return/report is for:	a multipl	e-employer pl	an (not multiemployer)		a one-partici	oant plan		
В	This return/report is: the first return/report	the final	return/report						
	an amended return/report	a short p	an year returr	n/report (less than 12 me	onths)				
С	Check box if filing under:	automat	c extension			DFVC progra	m		
	special extension (enter description	ion)			1	-			
P	art II Basic Plan Information—enter all requested inform								
	Name of plan	iation			1h	Three-digit			
	TMR PROFIT SHARING PLAN				ם ו	plan number			
	THE FROIT SHARING FLAN					(PN) ▶	001		
					1c	Effective date of	f plan		
						01/01/1999			
2 a	Plan sponsor's name and address; include room or suite number (e	employer,	f for a single-	employer plan)	2b	Employer Identi	fication Number		
	TECHNOLOGY MANAGEMENT RESOURCES, INC.					(EIN) 59-308	8615		
	inc.				2c	Sponsor's telep	hone number		
	766 N. STATE ROAD 434					(407) 830-	4222		
	700 N. STATE ROAD 434				2d		see instructions)		
	ALTAMONTE SPRINGS			32714		443120			
3a	Plan administrator's name and address (if same as plan sponsor, e SAME	enter "Sam	e")		3b	Administrator's I	EIN		
					30	Administrator's t	alanhana numbar		
					3c Administrator's telephone nu (407) 830-4222				
4	If the name and/or EIN of the plan sponsor has changed since the l	last return.	report filed fo	r this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.			,					
	Sponsor's name				4c	PN			
	Total number of participants at the beginning of the plan year			i	5a		13		
b	Total number of participants at the end of the plan year				5b		12		
С	Number of participants with account balances as of the end of the p complete this item)	olan year (defined benef	it plans do not	5c		12		
6a	Were all of the plan's assets during the plan year invested in eligible						X Yes No		
	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)				X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must	instead use Form 550	0.				
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End			
	Total plan assets	7a		239,20	7		262,065		
	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		239,20	7		262,065		
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal		
а				20.00					
	(1) Employers	8a(1)		30,00	4				
	(2) Participants	8a(2)			4				
	(3) Others (including rollovers)	8a(3)			4				
b	Other income (loss)	8b		(3,287)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		· · · · · · · · · · · · · · · · · · ·			26,713		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f			1				
g	Other expenses	8g		3,85	5				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						3,855		
i	Net income (loss) (subtract line 8h from line 8c)				†		22,858		
i	Transfers to (from) the plan (see instructions)				+		22,000		
		. 0:							

Form 5500-SF	= 2011
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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 2J 2K

Page **2** -

	if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	t V	Compliance Questions	***								
10	E	During the plan year:			Yes	No	T		mou	nt	
а	٧	Vas there a failure to transmit to the plan any participant contributions within the time period of	described in								
b	ν	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Vere there any nonexempt transactions with any party-in-interest? (Do not include transaction		10a		Х					
	0	on line 10a.)	is reported	10b		Х					
С		Was the plan covered by a fidelity bond?		10c	Х				-	20	,000
d	D o	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause or dishonesty?	ed by fraud	10d		Х					
е	۷ in	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance asurance service or other organization that provides some or all of the benefits under the plan astructions.)	carrier, n? (See	10e		Х					
f	Н	las the plan failed to provide any benefit when due under the plan?		10f		Χ					
g	D	old the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		Х					
h	lf	this is an individual account plan, was there a blackout period? (See instructions and 29 CFF 520.101-3.)	٦ .	10h		Х					
i	lf	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	he	10i							
Part	VI	Pension Funding Compliance									
11	ls 55	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (1500))	ons and comp	olete	Sched	ule St	3 (Forn	n 	П Y	es 🏻	No
12		s this a defined contribution plan subject to the minimum funding requirements of section 412							Y	es 🛚	No
_		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_		_
а	it : ar	a waiver of the minimum funding standard for a prior year is being amortized in this plan year ranting the waiver.	, see instruc Mont	tions, h	and e	nter ti	ne date	of the	letter	rulin	3
lf y	you	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.								_
b	Er	nter the minimum required contribution for this plan year			L	12b					
c	Er	nter the amount contributed by the employer to the plan for this plan year				12¢					
đ	St ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign egative amount)	n to the left o	of a	L	12d					
e	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?					Ye	s 🗌	No	\Box	N/A
Part											
13a		as a resolution to terminate the plan been adopted in any plan year?		_		\	∕es 🖸	∛No			
		"Yes," enter the amount of any plan assets that reverted to the employer this year									
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, the PBGC?	or brought u	nder i	he cor	ntrol 			Ye	s X	No
С	If (during this plan year, any assets or liabilities were transferred from this plan to another plan(s nich assets or liabilities were transferred. (See instructions.)	s), identify the	e plan	(s) to						
1	3c((1) Name of plan(s):			13c	(2) EI	N(s)		13c	(3) PI	V(s)
Cauti	on:	: A penalty for the late or incomplete filing of this return/report will be assessed unless	reasonable	Can	se is e	stabl	ished				
Unde	r pe	enalties of perjury and other penalties set forth in the instructions. I declare that I have examin	ned this retur	n/rep	ort. inc	ludin	g. if apr	olicable	a, a So	chedu	ıle
SB or	Sc	chedule MB completed and signed by an enrolled actuary, as well as the electronic version of is true, correct, and complete.	this return/re	eport,	and to	the t	est of	my kno	wledg	ge an	d
SIGN	. [10.2.2013 TIMO	OTHY W.	CLI	FFOR	D					
HERE		Signature of plan agrainistrator Date Enter	r name of inc	lividu	al sign	ing as	plan a	dminis	trator		
SIGN	, ļ	10.2, 242TIMO	OTHY W.	CLI	FFOR	.D]
HERE		Signature of employer/plan sponsor Date Enter	r name of ind	lividua	al signi	ng as	emplo	yer or	plan s	pons	or
		V									