

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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011			
A	This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan	
B	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan JOHN HASSALL, INC. RETIREMENT SAVINGS PLAN	1b	Three-digit plan number (PN) ▶ 010
		1c	Effective date of plan 01/01/1990
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) JOHN HASSALL, INC. 609-1 CANTIAGUE ROCK ROAD WESTBURY, NY 11590	2b	Employer Identification Number (EIN) 11-2992626
		2c	Sponsor's telephone number 516-334-6200
		2d	Business code (see instructions) 332900
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same") JOHN HASSALL, INC. 609-1 CANTIAGUE ROCK ROAD WESTBURY, NY 11590	3b	Administrator's EIN 11-2992626
		3c	Administrator's telephone number 516-334-6200
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		
a	Sponsor's name		
5a	Total number of participants at the beginning of the plan year	5a	97
b	Total number of participants at the end of the plan year.....	5b	93
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	83
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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.)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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	Total plan assets	7a	8808221
b	Total plan liabilities.....	7b	8008
c	Net plan assets (subtract line 7b from line 7a).....	7c	8800213
8	Income, Expenses, and Transfers for this Plan Year		
a	Contributions received or receivable from:	(a) Amount	(b) Total
(1)	Employers	8a(1)	0
(2)	Participants	8a(2)	231193
(3)	Others (including rollovers).....	8a(3)	0
b	Other income (loss).....	8b	-171201
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	59992
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	655401
e	Certain deemed and/or corrective distributions (see instructions)	8e	0
f	Administrative service providers (salaries, fees, commissions)	8f	3742
g	Other expenses.....	8g	0
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	659143
i	Net income (loss) (subtract line 8h from line 8c).....	8i	-599151
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 2J 2G 3D 2F

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

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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.)	X		31322
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X		258550
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you 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	
c 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 a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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 HERE	Filed with authorized/valid electronic signature.	10/04/2012	RICHARD A. BENNETT
	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

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► John Hassall, Inc. Retirement Savings Plan

Employer Identification Number: ► 11-2992626

For plan year (beginning/ending): ► 01/01/2011- 12/31/2011

Plan number: ► 010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	John Hancock Life Insurance Company of NY	Retirement Living at 2045		19577
	John Hancock Life Insurance Company of NY	Retirement Living at 2040		36097
	John Hancock Life Insurance Company of NY	Retirement Living at 2035		13525
	John Hancock Life Insurance Company of NY	Retirement Living at 2030		333499
	John Hancock Life Insurance Company of NY	Retirement Living at 2025		900837
	John Hancock Life Insurance Company of NY	Retirement Living at 2020		1482858
	John Hancock Life Insurance Company of NY	Retirement Living at 2015		697901
	John Hancock Life Insurance Company of NY	Retirement Living at 2010		182220
	John Hancock Life Insurance Company of NY	Lifestyle Aggressive		127615
	John Hancock Life Insurance Company of NY	Lifestyle Growth		468257
	John Hancock Life Insurance Company of NY	Lifestyle Balanced		867798
	John Hancock Life Insurance Company of NY	Lifestyle Moderate		545406
	John Hancock Life Insurance Company of NY	Lifestyle Conservative		261386
	John Hancock Life Insurance Company of NY	SELECT AA Growth		166517
	John Hancock Life Insurance Company of NY	SELECT AA Balanced		55463
	John Hancock Life Insurance Company of NY	SELECT AA Moderate		56423
	John Hancock Life Insurance Company of NY	Fidelity Advisor Gold Fund		14492
	John Hancock Life Insurance Company of NY	Real Est. Securities Fund		46969
	John Hancock Life Insurance Company of NY	Natural Resources Fund		22057
	John Hancock Life Insurance Company of NY	DFA Emerging Markets Value		302
	John Hancock Life Insurance Company of NY	Royce Opportunity		794
	John Hancock Life Insurance Company of NY	Fidelity Adv Leveraged Co Stk		16800
	John Hancock Life Insurance Company of NY	International Opps Fund		6903
	John Hancock Life Insurance Company of NY	Oppenheimer Developing Mkt		58722
	John Hancock Life Insurance Company of NY	DFA International Value		417
	John Hancock Life Insurance Company of NY	SSgA Mid Growth Index Fund		827
	John Hancock Life Insurance Company of NY	Mid Cap Stock Fund		436
	John Hancock Life Insurance Company of NY	T. Rowe Price Sci & Tech		1462
	John Hancock Life Insurance Company of NY	Small Cap Growth Index		872
	John Hancock Life Insurance Company of NY	Intl Equity Index Fund		684
	John Hancock Life Insurance Company of NY	New World Fund		19293
	John Hancock Life Insurance Company of NY	Small Cap Index Fund		547
	John Hancock Life Insurance Company of NY	SSgA Mid Value Index Fund		17268
	John Hancock Life Insurance Company of NY	Small Company Value Fund		10951
	John Hancock Life Insurance Company of NY	Small Cap Value Index		810
	John Hancock Life Insurance Company of NY	Value Fund		28646
	John Hancock Life Insurance Company of NY	Mid Cap Index Fund		12106
	John Hancock Life Insurance Company of NY	All Cap Value Fund		23266
	John Hancock Life Insurance Company of NY	Fundamental Investors		23705
	John Hancock Life Insurance Company of NY	Growth Index Fund		49646
	John Hancock Life Insurance Company of NY	The Growth Fund of America		44583

	John Hancock Life Insurance Company of NY	Fidelity ContraFund		55902
	John Hancock Life Insurance Company of NY	T. Rowe Price Equity Inc		126656
	John Hancock Life Insurance Company of NY	500 Index Fund		30118
	John Hancock Life Insurance Company of NY	Washington Mutual Investors		774
	John Hancock Life Insurance Company of NY	Ivy Asset Strategy Fund		36582
	John Hancock Life Insurance Company of NY	High Yield Fund		26005
	John Hancock Life Insurance Company of NY	U.S. High Yield Bond Fund		34751
	John Hancock Life Insurance Company of NY	Oppenheimer Intl Bond		53234
	John Hancock Life Insurance Company of NY	PIMCO Real Return		77135
	John Hancock Life Insurance Company of NY	Strategic Income Opp Fund		71328
	John Hancock Life Insurance Company of NY	The Bond Fund of America		25041
	John Hancock Life Insurance Company of NY	PIMCO Total Return		79115
	John Hancock Life Insurance Company of NY	John Hancock Stable Val		702681
	John Hancock Life Insurance Company of NY	Cash Account		5237
	Participant Loans	4.25% - 8.25%		258550