	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	`	2011		
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public		
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance wit	h the instructions to the Form 5500)-SF.	Inspection		
		entification Information						
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011		
Α.	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
B .	This return/report is:	the first return/report	the final r	eturn/report				
		onths)						
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter descriptio	n)					
Pa	rt II Basic Plan Inform	nation—enter all requested informa	ation					
	Name of plan				1b	Three-digit		
VOC	LNET 401K PROFIT SHARING	G PLAN				plan number (PN) ▶ 001		
					1c	Effective date of plan		
						01/01/2001		
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 75-3085715		
1150	PITTSFORD VICTOR RD BLD	3.5			2c	Sponsor's telephone number 585-419-8200		
	SFORD, NY 14534				2d	Business code (see instructions) 518210		
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") VOCALNET INC 1159 PITTSFORD VICTOR RD BLDG 5 PITTSFORD, NY 14534				OR RD BLDG 5	3b	Administrator's EIN 75-3085715		
					3c	Administrator's telephone number 585-419-8200		
4 If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.				report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	er from the last return/report.		4c	PN			
5a Total number of participants at the beginning of the plan year					5a	18		
b	Total number of participants at	the end of the plan year			5b	14		
с	Number of participants with ac	count balances as of the end of the p	lan year (defined benefit plans do not		11		
	/				5c			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
D	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.)							
r			orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End of Year 118206		
a h	•		7a	102248		118200		
b	•	'h fram lina 7a)		102248		118206		
<u> </u>	Income, Expenses, and Transf	'b from line 7a)	7c			(b) Total		
a	Contributions received or recei			(a) Amount				
			8a(1)					
	(2) Participants		8a(2)	19480				
	(3) Others (including rollovers)		8a(3)					
b	()		8b	-3522		45050		
C d		8a(2), 8a(3), and 8b)	8c		_	15958		
d		ollovers and insurance premiums	8d					
е	. ,	ive distributions (see instructions)	8e					
f		s (salaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			0		
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			15958		
j	Transfers to (from) the plan (se	e instructions)	8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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:

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2A 2E 2F 2G 2J 3D
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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						
10	D	uring the plan year:		Yes	No	А	mount	
а		/as 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		/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		x			
С	١	Vas the plan covered by a fidelity bond?	10c		Х			
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		х			
е	ir	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, isurance service or other organization that provides some or all of the benefits under the plan? (See istructions.)	10e		x			
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		Х			
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h	Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х				
Part	V	Pension Funding Compliance						
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))					Yes	No
b c d	lf gi yoi E E S ne	i "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ranting the waiver	th of a		Day 12b 12c 12d			
		(ill the minimum funding amount reported on line 12d be met by the funding deadline?				res	INO	N/A
Part						(V N		
13a		as a resolution to terminate the plan been adopted in any plan year?		-	L I	res X No		
		"Yes," enter the amount of any plan assets that reverted to the employer this year						
	of the PBGC?						Yes	X 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.)								
1	3c	(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Caut	ior	a: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.		

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.	10/15/2012	MARY JO HARTMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
UEDE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF Short Form Ann		Report of Small Employ	ee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service This form is required to	Benefit	ctions 104 and 4065 of the Employee		2011
Department of Labor Retirement Income Securit		SA), and sections 6057(b) and 6058(a		This Form is Open to Public Inspection
		the instructions to the Form 5500-	SF.	
Part I Annual Report Identification Informati		011 and an line		12/31/2011
For calendar plan year 2011 or fiscal plan year beginning	01/01/2	· · · · · · · · · · · · · · · · · · ·		
A This return/report is for:		-employer plan (not multiemployer)		a one-participant plan
B This return/report is:		eturn/report		
an amended return/report	∐ a short pla	n year return/report (less than 12 mor	nths)	-
C Check box if filing under: X Form 5558	automatic	extension		DFVC program
special extension (enter de				
Part II Basic Plan Information—enter all requested	l information		41	
1a Name of plan			10	Three-digit plan number
VOCALNET 401K PROFIT SHARING PLAN				(PN) • 001
			1c	Effective date of plan 01/01/2001
2a Plan sponsor's name and address; include room or suite nu VOCALNET INC	mber (employer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 75-3085715
		F	20	Sponsor's telephone number
1159 PITTSFORD VICTOR RD BLDG 5				585-419-8200
12.2°		Γ	2d	Business code (see instructions)
PITTSFORD NY 14534				518210
3a Plan administrator's name and address (if same as plan spo VOCALNET INC	onsor, enter "Same			Administrator's EIN 75-3085715
1159 PITTSFORD VICTOR RD BLDG 5 PITTSFORD NY 14534			3c	Administrator's telephone number 585-419-8200
4 If the name and/or EIN of the plan sponsor has changed sir	nce the last return/	eport filed for this plan, enter the	4b	EIN
name, EIN, and the plan number from the last return/report	•		4c	PN
 a Sponsor's name 5a Total number of participants at the beginning of the plan year 	ar			18
b Total number of participants at the end of the plan year			<u>5b</u>	14
		F	50	
C Number of participants with account balances as of the end complete this item)			5c	11
6a Were all of the plan's assets during the plan year invested	in eligible assets?	(See instructions.)		X Yes 🗌 No
b Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver el	eport of an indeper	ident qualified public accountant (IQP	A)	X Yes No
under 29 CFR 2520.104-46? (See instructions on waiver ei If you answered "No" to either 6a or 6b, the plan canno				
Part III Financial Information				
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a ' Total plan assets	7a	102248	3	118206
b Total plan liabilities				
C Net plan assets (subtract line 7b from line 7a)	7c	102248	3	118206
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
a Contributions received or receivable from:				
(1) Employers		1040	-	
(2) Participants		19480		
(3) Others (including rollovers)		-3522	-	
b Other income (loss)		-352.		15958
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premote presented basefits) 	niums			19936
to provide benefits) e Certain deemed and/or corrective distributions (see instruct				
 Certain deemed and/or corrective distributions (see instruct f Administrative service providers (salaries, fees, commission 		······································		
- · · ·				
				0
Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)				15958
 Transfers to (from) the plan (see instructions) 		ne - retatable returnation first en art in Stationation Arts.		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instru		L	19853	Form 5500-SF (2011)

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Form 5500-SF 2011

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Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension featu $2A$ $2E$ $2F$ $2G$ $2J$ $3D$	ure codes from the	List of Plan Chara	cteris	lic Co	des in	the instru	ctions	:	
b	If the plan provides welfare benefils, enter the applicable welfare feature	e codes from the l	List of Plan Charac	teristi	c Cod	les in t	he instruc	tions:		
Part	V Compliance Questions	,,,,,,								
10	During the plan year:				Yos	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10Ь		X				
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 fidelit or dishonesty?	ity bond, that was	caused by fraud	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other pe Insurance service or other organization that provides some or all of the Instructions.)	benefits under the	e plan? (See	10e		x		-		
f	Has the plan failed to provide any benefit when due under the plan?			10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		х		••••		
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)			10h	X					
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	101	x		÷			
Part	/I Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirements?							П	Yes [No
12	5500)) Is this a defined contribution plan subject to the minimum funding requi							П	Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								_	
а	If a waiver of the minimum funding standard for a prior year is being amore an	ortized in this plar	Month	lons, i	and ei	nter th Day	e dale of I	lhe let Year	ter ruling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB				Г	404				
	Enter the minimum required contribution for this plan year				"	12b				
C	Enter the amount contributed by the employer to the plan for this plan ye	ear	is size to the left of	 f a	"	12c				
	Cl. 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)									
	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?		····· <u>·</u>		····	Yes		<u> </u>	
Part			<u> </u>				es X N	10		
	Has a resolution to terminate the plan been adopted in any plan year?									
	if "Yes," enter the amount of any plan assets that reverted to the employ Nere all the plan assets distributed to participants or beneficiaries, trans					atrol			•	
	of the PBGC?								Yos 🛛	No
С.	which assets or llabilities were transferred. (See Instructions.)									
13	c(1) Name of plan(s):				13c	(2) Ell	V(s)	1	3c(3) Pl	∜(5)
Cautio	n: A penalty for the late or incomplete filing of this return/report w	/III be assessed u	inless reasonable	caus	se is c	stabli	shed.			
Under SB or belief.	penalities of periury and other penalities set forth in the instructions. I de Schedule MH congleted and signed by an enrolled actuary, as well as it it is true, confect, and complete.	iclare that I have e The electronic vers	examined this return ion of this return/re	n/repo eport,	ort, ind and to	cluding the b	, if applic est of my	able, a knowl	a Schedu edge an	d d
		/	Annette War:							
SIGN	Stgnature of plawadiniustrator		(Edia name of Ind		al sign	ing as	plan adm	inistra	itor	
SIGN		<u> </u>					4			
HERE	Signature of employer/plan sponsor Da	ale	Enter name of ind	lividua	al sign	ing as	employer	orpla	an spons	or