### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pi Inspection	aplic	
Part I	Annual Report Iden	tification Information					
For caler	ndar plan year 2009 or fiscal p			and ending 12/31/2	2007		
A This r	eturn/report is for:	a multiemployer plan;	a multipl	e-employer plan; or			
		X a single-employer plan;	a DFE (s	specify)			
		_	_				
<b>B</b> This r	eturn/report is:	the first return/report;	X the final	return/report;			
		an amended return/report;	a short p	lan year return/report (less tl	han 12 months).		
C If the	plan is a collectively-bargaine	ed plan, check here					
	k box if filing under:	Form 5558;	automati	c extension;	the DFVC program;		
- 000	K BOX II IIIIII g dilidor.	special extension (enter des	ш	•			
Part I	II Rasic Plan Inform	nation—enter all requested informa	· ·				
	ne of plan	mation—enter all requested informa	ation		<b>1b</b> Three-digit plan		
	_AVALENCIA LTD				number (PN) ▶	001	
					1c Effective date of pl	an	
2a Diss			-1>		10/01/2005	- t'	
	ress should include room or s	s (employer, if for a single-employer   suite no.)	pian)		<b>2b</b> Employer Identification Number (EIN)	ation	
,	_AVALENCIA LTD	,			81-0655512		
				2c Sponsor's telephon			
					number 713-523-7111		
	RN AVE, SUITE 1400 LLE, KY 40207		N AVE, SUITE 1400	)	2d Business code (se	e	
LOOIOVI	LLL, RT 40207	LOOISVIL	LOUISVILLE, KY 40207				
Caution	: A penalty for the late or in	complete filing of this return/repor	rt will be assessed	unless reasonable cause i	s established.		
	, , ,	penalties set forth in the instructions,			0 , , 0		
statemer	nts and attachments, as well a	as the electronic version of this return	n/report, and to the b	est of my knowledge and be	elief, it is true, correct, and con	npiete.	
SICN							
SIGN HERE							
	Signature of plan adminis	trator	Date	Enter name of individual s	igning as plan administrator		
01011				0050 51/41/0			
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	07/09/2010	GREG EVANS			
	Signature of employer/pla	n sponsor	Date	Enter name of individual s	igning as employer or plan sp	onsor	
OLCA							
SIGN HERE							
	Signature of DFE		Date	Enter name of individual s	igning as DFE		

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

Form 5500 (2009) v.092307.1

		•	
	Form 5500 (2009) Pag	ge <b>2</b>	
	Plan administrator's name and address (if same as plan sponsor, enter "Same")  LAN LAVALENCIA LTD		Administrator's EIN 1-0655512
	31 ZORN AVE, SUITE 1400 UISVILLE, KY 40207	r	dministrator's telephone number 13-523-7111
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for the plan number from the last return/report:	his plan, enter the name, EIN and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	9
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6	6b, 6c, and 6d).	
а	Active participants	6a	(
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	6c	(
d	Subtotal. Add lines 6a, 6b, and 6c	6d	(
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	(
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	C
g	Number of participants with account balances as of the end of the plan year (only defined corcomplete this item)		C
h	Number of participants that terminated employment during the plan year with accrued benefit less than 100% vested	ts that were 6h	(
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer p		(
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the Lis	t of Plan Characteristic Codes in the	e instructions:

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

9a Plan funding arrangement (check all that apply)  9b Plan benefit arrangement (check all that apply)									
	(1)	Insurance	(1) Insurance						
	(2)	Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) insurance contracts						
(3) X Trust (3) X Trust					Trust				
	(4)	General assets of the sponsor		(4)		General assets of the sponsor			
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)								
а	a Pension Schedules b General Schedules								
	(1)	R (Retirement Plan Information)		(1)		H (Financial Information)			
	(=)			(0)	· /	. (=, , , , , , , , , , , , , , , , , , ,			

ensi	)II 3C	nedules	D	General	Scrie	euules	
(1)		R (Retirement Plan Information)		(1)		H (Financial Information)	
(2)		MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	X	I (Financial Information – Small Plan)	
	_	Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)	
		actuary		(4)	П	C (Service Provider Information)	
(3)	П	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		<b>D</b> (DFE/Participating Plan Information)	
		Information) - signed by the plan actuary		(6)	П	<b>G</b> (Financial Transaction Schedules)	

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

, ,	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2007	and ending 12/31/2007
A Name of plan ASLAN LAVALENCIA LTD	B Three-digit 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
ASLAN LAVALENCIA LTD	81-0655512
Complete Cabadula Lifthan also accord forces than 100 actions at a caftha harismi	the plantage Vermon plantage Cabadria Litrary and Elizabeth

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	0	0
b	Total plan liabilities	. 1b	0	0
С	Net plan assets (subtract line 1b from line 1a)	1c	0	0
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	0	
	(2) Participants	2a(2)	0	
	(3) Others (including rollovers)	2a(3)	0	
b	Noncash contributions	2b	0	
С	Other income	. 2c	0	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		0
е	Benefits paid (including direct rollovers)	. 2e	0	
f	Corrective distributions (see instructions)	. 2f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g	0	
h	Administrative service providers (salaries, fees, and commissions).	2h	0	
i	Other expenses	. 2i	0	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		0
k	Net income (loss) (subtract line 2j from line 2d)	2k		0
	Transfers to (from) the plan (see instructions)	. 2I		0

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans			X	

Schedule I (Form 5500) 2009	Page <b>2-</b> 1

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			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		X			
Pa	art II Compliance Questions						
4	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period						
	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e		X			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		Х			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X				
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41					
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m					
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	. X Y	es 🗌 N	No A	Amount:		0
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets o	or liabilities	were
	5b(1) Name of plan(s)			5b(2)	EIN(s)	5k	<b>b(3)</b> PN(s)

Form **5500** 

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of 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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500. Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

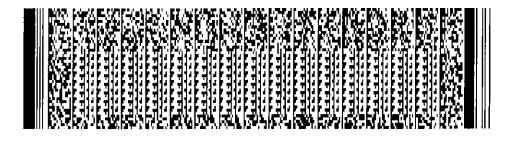
2007

This Form is Open to Public Inspection.

Part Annual Report Identification Information	
For the calendar plan year 2007 or fiscal plan year beginning 01/01/2	2007, and ending 12/31/2007,
A This return/report is for: (1) a multiemployer plan;	(3) a multiple-employer plan; or
(2) 🛛 a single-employer plan (other than a	(4) a DFE (specify)
multiple-employer plan);	
B This return/report is: (1) the first return/report filed for the plan;	(3) X the final return/report filed for the plan;
(2) an amended return/report;	(4) a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	······································
D If filing under an extension of time or the DFVC program, check box and atta	ch required information. (see instructions)
Part II Basic Plan Information enter all requested information	
1a Name of plan	1b Three-digit
ASLAN LAVALENCIA LTD	plan number (PN) ▶ 001
401(K) PROFIT SHARING PLAN & TRUST	1c Effective date of plan (mo., day, yr.)
	10/01/2005
2a Plan sponsor's name and address (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)
(Address should include room or suite no.)	81-0655512
ASLAN LAVALENCIA LTD	
TODIN DIMINING THE DID	<b>2c</b> Sponsor's telephone number 713-523-7111
	2d Business code (see instructions)
205 MECH MATA CHOERN	541990
325 WEST MAIN STREET	
SUITE 1012	
	Asserting the control of the control
TOUTQUELLE	10000 1005
LOUISVILLE KY	40202-4265
Caution: A penalty for the late or incomplete filing of this return/report will be ass	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have attachments, as well as the electronic version of this return/report if it is being filed electronically	
SIGN	C . Tom . E
HERE / 6-30-10	Gieg Evans
Signature of plan administrator Date	Type or print name of individual signing as plan administrator
SIGN	
HERE	
Signature of employer/plan sponsor/DFE Date	Type or print name of individual signing as employer, plan sponsor or DFE
For Paperwork Reduction Act Notice and OMB Control Numbers, see the ins	tructions for Form 5500. v10.1 Form 5500 (2007)
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THE INTERNAL PROPERTY OF THE P	MAY BINA COUNTY OF THE III
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	8)) 88(8) }; <b>6</b> () 88())8 8() [88()

		0		
	Form 5500 (2007) Pa	ige <b>2</b>	L	Official Use Only
	Plan administrator's name and address (If same as plan sponsor, enter "Same")	<b>3b</b> Administr	rator's	
	AME			
		3c Administr	rator's	telephone number
			W.A.	egraphic energy
				territoria de la companya della companya della companya de la companya della comp
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan	, enter the nan	ne,	<b>b</b> EIN
	EIN and the plan number from the last return/report below:			
а	Sponsor's name			C PN
<u>5</u>	Preparer information (optional) a Name (including firm name, if applicable) and address			<b>b</b> EIN
				C Telephone number
6	Total number of participants at the beginning of the plan year		6	9
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, a			
а	·		7a	0
b			7b	0
C			7c	0
a e			7d 7e	0
f	Total. Add lines <b>7d</b> and <b>7e</b>		71	
g				
_	complete this item)		7g	0
h	Number of participants that terminated employment during the plan year with accrued benefits that w			_
	100% vested		7h_	0
ı	If any participant(s) separated from service with a deferred vested benefit, enter the number of separate participants required to be reported on a Schedule SSA (Form 5500)		71	
8	Benefits provided under the plan (complete 8a and 8b, as applicable)		1	<u> </u>
	Pension benefits (check this box if the plan provides pension benefits and enter the applicable per	sion feature co	des fro	om the List of Plan
	Characteristics Codes printed in the instructions): 2E 2G 2J 2T 3D			
b	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare	re feature cod	es from	the List of Plan
	Characteristics Codes printed in the instructions):			
92	Plan funding arrangement (check all that apply)  9b Plan benefit arrangement	ent (check all t	hat an	nly)
-	(1) Insurance (1) Insurance	orn (orneon air	inal up	P31
		412(i) insuranc	e conti	racts
	(3) Trust (3) Trust			
_	(4) General assets of the sponsor (4) General asset	s of the sponso	or	
	0 2 0 7 5 4 0 2 0	K		

	Form 55	500 (2007)	Page 3			
10	Sahadulas at	tached (Check all applicable boxes and, where indicated	enter the number attached. Can instruction	Official Use Only		
a		nefit Schedules	b Financial Schedules	115.)		
	(1)	R (Retirement Plan Information)	(1) H (Financial In	formation)		
	(2)	B (Actuarial Information)	(2) 🗵 I (Financial In	formation Small Plan)		
	(3)	E (ESOP Annual Information)	(3) A (Insurance I	nformation)		
	(4)	SSA (Separated Vested Participant Information)	(4) C (Service Pro	ovider Information)		
			(5) D (DFE/Partici	pating Plan Information)		
			(6) G (Financial Ti	ransaction Schedules)		



### **SCHEDULE I** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

01/01/2007

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection.

12/31/2007

For	calendar year 2007 or fiscal plan year beginning 01/01/2	007 ,	and ending	]	12	/31/2	.007		
Α	Name of plan			В	Three-di	git			
AS	LAN LAVALENCIA LTD 401(K) PROFIT SHARING PI	T		plan nun	ber 🕨	. !	001		
C	Plan sponsor's name as shown on line 2a of Form 5500			D	Employe	r Identi	fication Numbe	r	
AS	LAN LAVALENCIA LTD						81-06	55512	
	plete Schedule I if the plan covered fewer than 100 participants as of the							you	
are	filing as a small plan under the 80-120 participant rule (see instructions). C	Complete	Schedule H if repor	rting	as a larg	e plan o	r DFE.		
P٤	itil Small Plan Financial Information								
valu pay	ort below the current value of assets and liabilities, income, expenses, trar e of plan assets held in more than one trust. Do not enter the value of the a specific dollar benefit at a future date. Include all income and expenses payments/receipts to/from insurance carriers. Round off amounts to the	portion of the pla	f an insurance cont in including any tru:	ract	that guar	antees o	during this plan	year to	
1	Plan Assets and Liabilities:	400	(a) Beginning	of Y		(b) End of Year			
а	Total plan assets	· · · · · · · · · · · · · · · · · · ·			0	0			
b	Total plan liabilities	·			0	0			
C	Net plan assets (subtract line 1b from line 1a)	1c	0			0			
2	Income, Expenses, and Transfers for this Plan Year:	1800	(a) Amou		S	(b) Total	6 (150) See 1		
а	Contributions received or receivable								
	(1) Employers	2a(1)			0				
	(2) Participants	2a(2)			0		1000000		
	(3) Others (including rollovers)	2a(3)			0	g en	经通过分分率		
b	Noncash contributions		0						
C	Other income	2c			0	E Cale	A was been		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d					0		
е	Benefits paid (including direct rollovers)	2e			0				
f	Corrective distributions (see instructions)	2f			0			47.314	
g	Certain deemed distributions of participant loans (see instructions)	2g		0		APT 1			
h	Other expenses	2h			0				
İ	Total expenses (add lines 2e, 2f, 2g, and 2h)	2i	A Property of the	10	12-63-50-5			0	
j	Net income (loss) (subtract line 2i from line 2d)	2j			<b>排程</b> 第二			0	
<u>k</u>	Transfers to (from) the plan (see instructions)	2k						0	
3	value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.								
			[a_	Ye	s No X		Amount	<del></del>	
_	Partnership/joint venture interests		<del></del>	+	X				
	Employer real property					0-1		00) 005	
ror	Paperwork Reduction Act Notice and OMB Control Numbers, see the i	instructio	ons for Form 5500.		v10.1	Sched	dule i (Form 55	UU) 2007	





	Schedule I (Form 5500) 2007		Pag	je <b>2</b>		Official Use Only
				T		
				Yes	No	Amount
3c	Real estate (other than employer real property)		3c		X	
d	Employer securities		3d		X	
e	Participant loans		3e		X	
f	Loans (other than to participants)		3f		X	
g	Tangible personal property		3g		X	
7710	Transactions During Plan Year					
4	During the plan year:		las Consultante	Yes	No	Amount
а	Did the employer fail to transmit to the plan any participant contributions within the time			500		A STATE OF THE STATE OF THE STATE OF
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	У		19.50		
	Correction Program.)		4a	erena u branda d	X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the					and the second second
	close of the plan year or classified during the year as uncollectible? Disregard participant		1.00	S Sw	AR-A	to engineer and one of the
	loans secured by the participant's account balance		4b	2012/03/2002/03	X	
C	Were any leases to which the plan was a party in default or classified during the year as					
	uncollectible?		4c	Nicor's toward	Χ	
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include			To Control		
	transactions reported on line 4a.)		4d		Х	
е	Was the plan covered by a fidelity bond?	• • • •	4e		Χ	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was		100000	5000		
	caused by fraud or dishonesty?		4f		Χ	
g	Did the plan hold any assets whose current value was neither readily determinable on an	1	V1.85, 10		900	MARKET PROPERTY OF THE PROPERTY OF A STATE OF THE PROPERTY OF THE
	established market nor set by an independent third party appraiser?		4g		Χ	
h	Did the plan receive any noncash contributions whose value was neither readily					
	determinable on an established market nor set by an independent third party appraiser?		4h		Χ	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt,					
	mortgage, parcel of real estate, or partnership/joint venture interest?		4i		Χ	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to		15.13			
	another plan, or brought under the control of the PBGC?		4j	Χ		
k	Are you claiming a waiver of the annual examination and report of an independent qualified	ied				
	public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or					
	2520.104-50 statement. (See instructions on waiver eligibility and conditions.)		4k	Х		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan	an ye <u>a</u> r	? If ye	s, ente	er the	
	reverted to the employer this year		1	Amo		0
5b	If during this plan year, any assets or liabilities were transferred from this plan to another p	plan(s	), iden	tify the	plan	s) to which assets or liabilities
	were transferred. (See instructions.)					
	<b>5b(1)</b> Name of plan(s) <b>5b(2)</b>	) EIN	l(s)			<b>5b(3)</b> PN(s)

