	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit	PIAN ctions 104 and 4065 of the Employe		2009
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the odd and 4005 of the code).		This Form is Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Inspection
		entification Information	2		2/31/2	2000
_	calendar plan year 2009 or fisca	single-employer plan			2/31/4	
	This return/report is for:		•	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final return	n/report year return/report (less than 12 mc	ntha)	
c		Form 5558	•		nuis)	DFVC program
	Check box if filing under:	special extension (enter descriptio		extension		
Pa	rt II Basic Plan Inform	nation—enter all requested information				
	Name of plan				1b	Three-digit
	EON, INC. 401(K) PROFIT SHA	RING PLAN				plan number
					10	(PN)
					IC	Effective date of plan 01/01/1996
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 62-1592166
	,				2c	Plan sponsor's telephone number
	/IRGINIA AVENUE SUITE D100 VILLE, KY 40977)			2d	606-337-3126 Business code (see instructions)
		address (if same as Plan sponsor, er			3b	621340 Administrator's EIN
0511	EON, INC.	PINEVILLE, F		E SUITE D100	3c	62-1592166 Administrator's telephone number
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	606-337-3126 EIN
I	name, EIN, and the plan numbe	r from the last return/report. Sponsor	r's name		40	PN
5a	Total number of participants at	the beginning of the plan year			-40 5a	11
b		the end of the plan year			5b	10
		th account balances as of the end of				10
					5c	6
-	•	uring the plan year invested in eligibl		, ,		X Yes No
D		e annual examination and report of a See instructions on waiver eligibility a				X Yes No
D -		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
	rt III Financial Informa	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year 15737	2	(b) End of Year 186366
a b			7a 7b	10101	_	100000
c		b from line 7a)	7c	15737	2	186366
8	Income, Expenses, and Transf			(a) Amount		(b) Total
а	Contributions received or recei					
			8a(1)		2	
			8a(2) 8a(3)		0	
b			8b	3219	5	
c	(<i>'</i>	8a(2), 8a(3), and 8b)	8c			32195
d	Benefits paid (including direct r	ollovers and insurance premiums				
•	. ,	· · · · · · · · · · · · · · · · · · ·	8d	320	4	
e f		ive distributions (see instructions) s (salaries, fees, commissions)	8e 8f		-	
g		s (salaries, lees, commissions)	8g		-	
9 h	•	3e, 8f, and 8g)	8h			3201
i		e 8h from line 8c)	8i			28994
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: 2E 2F 2G 2J 2K 3D
- **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	During the plan year:		Yes	No		Amou	Int	
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		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
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					379
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 year end.)	10g	Х					1332
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				•		Yes	X No
lf : b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	ctions, th	and e	nter th	ne date of th	ne lette		
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
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X 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 of the PBGC?					П	Yes	× 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.)							_
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	1:	3c(3)	PN(s)
Caut	ion. A papalty for the late or incomplete filing of this return/report will be assessed unless reasonab	بدي ما	iso is i	astahl	ishad			

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	Filed with authorized/valid electronic signature.	10/08/2010	LESLIE O'BRYAN
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

	Form 5600-8F	Short Fe	orm Annua	i Return/i Benefii	Report of Small Employ	/88		OMB Non. 1210-0110 1210-0089
	Department of the Treasury Internet Revenue Service	This form	n is required to be	Red under sa	ctions 104 and 4065 of the Employe	8	2	009
	Department of Labor Anyon Bunufus Becarly Administration	Retirem	ent Incomo Secu Inter	ity Act of 1974 nel Revenue C	(ERISA), and section 6058(a) of the ode (the Code).	r		Corn to Public
	mon Banell Quaranty Carporasan) Complete	all entries in ac	cordance wit	the Instructions to the Form 660)- 1 /f.		
Pt	nt I Arinual Report I alander plan year 2005 or fia	Contriction		01/01/2	009 and ending	-	12/31/200	9
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			I return/report	8	year relum/report (less than 12 mg	dhe)		
; c	hack bax if filing under:	Form 6556	·	H	extension	· · .	DEVC progra	m
	• 	special extail	nsion (enter desci	ription)		•		
201	t II Basic Plan Infor	mation-ente	r all requested inf	omation			····	
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`	ALGON, INC. ADI(X	() PIOLIC (snaring Pie	IN	,		plan number (PN) 🕨	001
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" (isn sponsor's name and add	iress (employer,	a tor elitgie-entpli	yer pişn)		20	Employar Identi EIN 62-159	ication Number 2166
	_						Pien sconsor's l	elephone number
1	21 Virginia Avenu	e Suite D	100			20	(606) <u>337-</u>	see instructions)
	Pineville	A			KY 40977		621340	
' ,	Allen administrator's name and	i aucreșe (ii cen	he se Filin sponsi	dr. enter "Seith	7	30	Administrator's I	
						3c i	Administrator's (elaphone number
				e last return/n	port filed for this plan, onter the	4b	EIN	
- #	emo, EIN, and the plan numb					_		
+1		or from the last i	returvreport. Spi	men's name		· · . .		
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	Form 5500-8F 2009 Page 2-							
Part IV	Plan Characteristics							
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b if the	plan provides walfare benafits, enter the applicable walfare feature codes from the List of Plan Chara	oterie	lic Coc	tes in t	the instr	uctions		
	Compliance Questions							
	ng the plan year: Where a failure to transmit to the plan any participant contributions within the time pariod described in		Yee	No		Am	ount	
29 (CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program)	104		X				
b Wen	o there any nonexempt transactions with any party-in-interest? (Do not include transactions reported no 10a.)	105		x				
	s the plan covered by a fidality bond?	100		x				•
	the plan have a loss, whether or not reimbursed by the plan's fittelity bond, that was caused by fraud			<u>^</u>				
or di	ste plan never a tops, when we have really and by the plan is interfy bond, that was because by neuro Shonesty?	10d		X				
	a any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier.	\square						
instru Instru	rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	100	x					379
	the plan failed to provide any benalit when due under the plan?	101		x				
g Did i	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					L, 33
h #shi	s is an individual account plan, was there a blockout period? (See instructions and 29 CFR							
	0.191-3.)	104	ļ	X				
	in was answered "Yes," check the box in you ether provided the required mode or one of the splions to providing the notice applied under 29 CFR 2520, 101-3	101						
י וא אבר	Pension Funding Compliance							
	Pension Funding Compliance is a defined benefit plan subject to minimum funding requirements? (If "Yee," see instructions and con		Scher	iuje 88) (Form		י אריי	
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