## Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

# **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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

|          | art I Annual Report Identification Information  |             |                                     |             |   |  |  |  |
|----------|---|-------------|-------------------------------------|-------------|---|--|--|--|
| For      | calendar plan year 2010 or fiscal plan year beginning 01/01/2010  | )           | and ending                          | 12/31/2     | 2010  |  |  |  |
| Α.       | This return/report is for: single-employer plan   | multiple-e  | mployer plan (not multiemployer)    |             | one-participant plan                          |  |  |  |
| В -      | This return/report is for:  | final retur | n/report                            | _           |   |  |  |  |
|          | an amended return/report  | short plan  | year return/report (less than 12 mo | onths)      |   |  |  |  |
| C        | Check box if filing under: Form 5558  | automatic   | extension                           |             | DFVC program                                  |  |  |  |
|          | special extension (enter description  | n)          |                                     |             |   |  |  |  |
| Pa       | rt II Basic Plan Information—enter all requested informa  | ,           |                                     |             |   |  |  |  |
|          | Name of plan  |             |                                     | 1b          | Three-digit                                   |  |  |  |
|          | TTS LAWN AND LANDSCAPE, INC.  |             |                                     |             | plan number 001                               |  |  |  |
|          |   |             |                                     |             | (PN) ▶  |  |  |  |
|          |   |             |                                     | 1C          | Effective date of plan 01/01/2010             |  |  |  |
| 2a       | Plan sponsor's name and address (employer, if for single-employer p   | olan)       |                                     | 2b          | Employer Identification Number                |  |  |  |
|          | TTS LAWN AND LANDSCAPE, INC.  | ,           |                                     |             | (EIN) 61-1278474                              |  |  |  |
| 1920     | LEXINGTON ROAD  |             |                                     | 2c          | Plan sponsor's telephone number 502-570-0910  |  |  |  |
|          | RGETOWN, KY 40324   |             |                                     | 2d          | Business code (see instructions)              |  |  |  |
|          |   |             |                                     | 24          | 561730  |  |  |  |
| 3a       | Plan administrator's name and address (if same as Plan sponsor, en<br>TS LAWN AND LANDSCAPE, INC. 1839 LEXING                                     | ter "Same   | 2")                                 | 3b          | Administrator's EIN                           |  |  |  |
| FKA      | GEORGETOV   |             |                                     | 20          | 61-1278474                                    |  |  |  |
|          |   |             |                                     | 36          | Administrator's telephone number 502-570-0910 |  |  |  |
|          | the name and/or EIN of the plan sponsor has changed since the las   |             | port filed for this plan, enter the | 4b          | EIN   |  |  |  |
| ı        | name, EIN, and the plan number from the last return/report. Sponsor   | 's name     |                                     | 4c          | DNI   |  |  |  |
| 52       | Total number of participants at the heginning of the plan year  |             |                                     | <del></del> | 8   |  |  |  |
| b        | <ul><li>Total number of participants at the beginning of the plan year</li><li>Total number of participants at the end of the plan year</li></ul> |             |                                     |             | 7   |  |  |  |
| C        | Total number of participants with account balances as of the end of   | 5b          | ,                                   |             |   |  |  |  |
|          | complete this item)   |             | •                                   | . 5c        | 5   |  |  |  |
| 6a       | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   |             |                                     |             |   |  |  |  |
| b        | <b>b</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.)  |             |                                     |             |   |  |  |  |
| Pa       | 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) Beginning of Year               |             | (b) End of Year                               |  |  |  |
| а        | Total plan assets   | 7a          | (a) 20gg 01 10a.                    | 0           | 8357  |  |  |  |
|          | Total plan liabilities  | 7b          |                                     |             |   |  |  |  |
| С        | Net plan assets (subtract line 7b from line 7a)   | 7с          |                                     | 0           | 8357  |  |  |  |
| 8        | Income, Expenses, and Transfers for this Plan Year  |             | (a) Amount                          |             | (b) Total                                     |  |  |  |
| а        | Contributions received or receivable from:  |             |                                     |             |   |  |  |  |
|          | (1) Employers   | 8a(1)       | 774                                 | 1           |   |  |  |  |
|          | (2) Participants  | 8a(2)       | 112                                 | -           |   |  |  |  |
| <b>L</b> | (3) Others (including rollovers)  | 8a(3)       | 61                                  | 6           |   |  |  |  |
| b        | Other income (loss)   | 8b          |                                     |             | 8357  |  |  |  |
| c<br>d   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c          |                                     |             |   |  |  |  |
| u        | 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          |                                     |             |   |  |  |  |
| h        | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h          |                                     |             | 0   |  |  |  |
| i        | Net income (loss) (subtract line 8h from line 8c)   | 8i          |                                     |             | 8357  |  |  |  |
| i        | Transfers to (from) the plan (see instructions)   | Ωi          |                                     |             |   |  |  |  |

|     | Form 5500-SF 2010 Page <b>2-</b>  |         |         |           |                   |
|-----|---|---------|---------|-----------|-------------------|
| art | t IV Plan Characteristics   |         |         |           |                   |
| 3   | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara   | acteris | tic Co  | des in    | the instructions: |
|     | 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara  | ctarist | ic Coc  | las in t  | he instructions:  |
| ,   | in the plan provides wellare benefits, effect the applicable wellare leature codes from the last of half chara-   | otorist | 10 000  | 103 111 1 | ne mandenona.     |
| ırt | V Compliance Questions  |         |         |           |                   |
| )   | 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)                      | 10a     |         | Χ         |                   |
| 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         |                   |
| 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       |           | 147               |
| 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     |         | X         |                   |
| 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     |         |           |                   |
| rt  | VI Pension Funding Compliance   |         | •       |           |                   |
|     | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))  |         |         |           |                   |
| 2   | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code  | or se   | ction 3 | 02 of I   | ERISA? 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 amortized in this plan year, see instruction granting the waiver  |         |         |           |                   |
| -   | 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       |                   |
|     | 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 onegative amount)   |         |         | 12d       |                   |

#### **Part VII Plan Terminations and Transfers of Assets**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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)

No

Yes

X Yes No

Yes

N/A

No

#### 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. | 04/18/2011 | PHILLIP PRATT  |
|------|---|------------|--|
| 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 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

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1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

|  |  | dance wit  | h the instructions to the Form 5500  | )-SF.    |                                       |   |  |  |  |
|--|--|--|--|----------|---------------------------------------|---|--|--|--|
|  | Part I Annual Report Identification Information  |  |  |          |                                       |   |  |  |  |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |  |  |  |          |                                       |   |  |  |  |
| Α  | A This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan  |  |  |          |                                       |   |  |  |  |
| В  | This return/report is for: X first return/report   |  |  |          |                                       |   |  |  |  |
|  | an amended return/report   | n year return/report (less than 12 mor   | iths)  |          |                                       |   |  |  |  |
| С  | Check box if filing under: Form 5558   | i .  | extension  |          | DFVC program                          | 1                                       |  |  |  |
|  | special extension (enter description)  |  |  |          |                                       |   |  |  |  |
| Part II Basic Plan Information—enter all requested information                             |  |  |  |          |                                       |   |  |  |  |
|  | Name of plan   | lation   |  | 1h       | Three-digit                           | · .                                     |  |  |  |
| 10   | Pratts Lawn and Landscape, Inc.  | 110  | plan number  |          |                                       |   |  |  |  |
|  |  |  | (PN) ▶   | 001      |                                       |   |  |  |  |
|  |  |  |  | 1c       | Effective date of p                   | olan                                    |  |  |  |
|  |  |  | 4  |          | 01/01/2010                            |   |  |  |  |
| 2a   | l Plan sponsor's name and address (employer, if for single-employer<br>Pratts Lawn and Landscape, Inc.   | plan)  |  | 2b       | Employer Identification (EIN) 61-1278 |   |  |  |  |
|  |  |  |  | 2c       | ephone number                         |   |  |  |  |
|  | 1839 Lexington road  | 4  |  |          | 502-570-09                            | •                                       |  |  |  |
| •  | Georgetown KY 40324  |  |  | 2d       | Business code (se                     | ee instructions)                        |  |  |  |
| 20   |  | . "0   |  | 21       | 561730                                |   |  |  |  |
| Ja   | Plan administrator's name and address (if same as Plan sponsor, e<br>Pratts Lawn and Landscape, Inc.   | enter "Same  | ∍") ·  | 30       | Administrator's El 61-1278474         |   |  |  |  |
|  | 1839 Lexington road  |  | ·  | 3с       | Administrator's tel                   |   |  |  |  |
|  | Georgetown KY 40324  |  |  |          | 502-570-09                            |   |  |  |  |
| 4  | If the name and/or EIN of the plan sponsor has changed since the la  | port filed for this plan, enter the  | 4b EIN   |          |                                       |   |  |  |  |
|  | name, EIN, and the plan number from the last return/report. Sponsor's name   |  |  |          |                                       |   |  |  |  |
| 5a   | Total number of participants at the beginning of the plan year   |  |  | 4c<br>5a | T                                     | . 8                                     |  |  |  |
| b  |  | 5b   |  |          |                                       |   |  |  |  |
| C  | •  | 3D   |  |          |                                       |   |  |  |  |
|  | complete this item)  | real (delined benefit plans do not   | 5с   |          | 5                                     |   |  |  |  |
| 6a   | 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)   |  |  |          |                                       |   |  |  |  |
|  | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)  |  |  |          |                                       |   |  |  |  |
| b  | Are you claiming a waiver of the annual examination and report of  | an indeper   | (See instructions.)  | A)       |                                       | X Yes No                                |  |  |  |
| b  | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  | an indeper<br>and conditi  | (See instructions.)dent qualified public accountant (IQFons.)  | PA)      |                                       |   |  |  |  |
|  | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F   | an indeper<br>and conditi  | (See instructions.)dent qualified public accountant (IQFons.)  | PA)      |                                       | X Yes No                                |  |  |  |
| Pa   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  | an indeper<br>and conditi<br>orm 5500-   | (See instructions.)  | PA)      | a Tok                                 | X Yes No                                |  |  |  |
|  | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities   | an indeper<br>and conditi<br>orm 5500-   | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556 (a) Beginning of Year              | PA)      | 4 1 4<br>                             | X Yes No X Yes No                       |  |  |  |
| Pa   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper<br>and conditi<br>orm 5500-   | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556 (a) Beginning of Year              | PA)      | a Tok                                 | X Yes No                                |  |  |  |
| Pa<br>7<br>a<br>b  | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan liabilities   | an indeper<br>and conditi<br>orm 5500-<br>7a<br>7b                                 | (See instructions.)  | PA)      | a Tok                                 | Yes No Yes No No Yes No No 95 Year 8357 |  |  |  |
| Pa<br>7<br>a<br>b<br>c   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper<br>and conditi<br>orm 5500-   | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 550  (a) Beginning of Year             | PA)      | (b) End o                             | Yes No Yes No Yes No  No  FYear  8357   |  |  |  |
| Pa<br>7<br>a<br>b<br>c   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper<br>and conditi<br>orm 5500-<br>7a<br>7b                                 | (See instructions.)  | PA)      | a Tok                                 | Yes No Yes No Yes No  No  FYear  8357   |  |  |  |
| Pa<br>7<br>a<br>b<br>c   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  | an indeper and condition 5500-   | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 550  (a) Beginning of Year             | PA)      | (b) End o                             | Yes No Yes No Yes No  No  FYear  8357   |  |  |  |
| Pa<br>7<br>a<br>b<br>c   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  | an indeper and condition 5500-  7a  7b  7c  8a(1)                                  | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No Yes No  No  FYear  8357   |  |  |  |
| Pa<br>7<br>a<br>b<br>c   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  | an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2)                               | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 550  (a) Beginning of Year             | PA)      | (b) End o                             | Yes No Yes No Yes No  No  FYear  8357   |  |  |  |
| Pa<br>7<br>a<br>b<br>c   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  | an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3)                         | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No Yes No  No  FYear  8357   |  |  |  |
| Pa<br>7<br>a<br>b<br>c<br>8<br>a   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  Others (including rollovers)  | 7a 7b 7c 8a(1) 8a(2) 8b  | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No No Yes No 8357 8357       |  |  |  |
| Pa<br>7<br>a<br>b<br>c<br>8<br>a   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3)                         | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No Yes No  No  FYear  8357   |  |  |  |
| Pa<br>7<br>a<br>b<br>c<br>8<br>a   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 7a 7b 7c 8a(1) 8a(2) 8b  | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No No Yes No 8357 8357       |  |  |  |
| Pa<br>7<br>a<br>b<br>c<br>8<br>a   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c                   | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No No Yes No 8357 8357       |  |  |  |
| Part A A A A A A A A A A A A A A A A A A A   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions) | an indeper and condition 5500-  7a   | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No No Yes No 8357 8357       |  |  |  |
| Pa<br>7<br>a<br>b<br>c<br>8<br>a<br>b<br>c<br>d  | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e             | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No No Yes No 8357 8357       |  |  |  |
| Part 7 a b c b c d d e f   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h    | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No No Yes No 8357 8357       |  |  |  |
| Part 7 a b c b c d d e f   | Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  | an indeper and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i | (See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556  (a) Beginning of Year  (a) Amount | PA)      | (b) End o                             | Yes No Yes No No Yes No 8357 8357       |  |  |  |

|      | Form 5500-SF 2010 Page <b>2-</b>   |         |         |        |                 |       |             |  |
|------|--|---------|---------|--------|-----------------|-------|-------------|--|
| _    |  |         |         |        |                 |       |             |  |
| 9a   |  | acteris | stic Co | des in | the instruction | ns:   |             |  |
| b    | 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:                                     |         |         |        |                 |       |             |  |
| Pai  | t V Compliance Questions   |         | -       |        |                 |       | •           |  |
| 10   | During the plan year:  |         | Yes     | No     | A               | mount |             |  |
| â    | t 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      |                 |       |             |  |
| k    | on line 10a.)  | 10b     |         | Х      |                 |       |             |  |
| c    | Was the plan covered by a fidelity bond?   | 10c     |         | Х      |                 |       |             |  |
| C    | 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      | ****            | *     |             |  |
| 6    | 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 |         | х       |        |                 |       | 147         |  |
|      | instructions.)   | 10e     |         |        |                 |       | T4,         |  |
| f    |  | 10f     |         | Х      |                 |       | -           |  |
| 5    | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  | 10g     |         | Х      |                 |       |             |  |
|      | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | 10h     |         | Х      |                 |       |             |  |
| Ì    | 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     |         |        | 4년<br>          |       |             |  |
| Par  | Pension Funding Compliance   |         |         |        |                 |       |             |  |
| 11   | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))   |         |         |        |                 | Ye    | s No        |  |
| 12   | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code   |         |         |        |                 | Ye    | s 🛛 No      |  |
|      | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   | ••      |         |        |                 |       |             |  |
| 4    | 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 waiverMonth Day Year           |         |         |        | ruling<br>      |       |             |  |
|      | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |         | Г       | 405    | 100 1749 N      |       |             |  |
| b    |  |         |         | 12b    |                 |       |             |  |
| d    |  |         | ··· ├   | 12c    |                 | -     |             |  |
|      | negative amount)   |         | _       | 12d    |                 |       | -<br>-      |  |
|      | Will the minimum funding amount reported on line 12d be met by the funding deadline?   |         |         |        | Yes             | No_   | N/A         |  |
| Parl |  |         |         |        |                 |       | <u></u>     |  |
| 13a  | Has a resolution to terminate the plan been adopted during the plan year or any prior year?  |         | Г       |        | ŧ               | Ye    | s X No      |  |
| - I- | If "Yes," enter the amount of any plan assets that reverted to the employer this year  |         |         | 13a    |                 |       |             |  |
| b    | of the PBGC?   |         |         |        |                 | X Ye  | s 📗 No      |  |
| C    | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)                       | he pla  | n(s) to | )<br>  |                 |       |             |  |
|      | 13c(1) Name of plan(s):  |         | 13      | c(2) E | IN(s)           | 13c(  | 3) PN(s)    |  |
|      |  |         |         |        |                 |       |             |  |
|      |  |         |         |        |                 |       |             |  |
| Cau  | tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal   | le ca   | ıse ie  | petah  | lished          |       | <del></del> |  |
|      |  |         | 13      | JUMB   |                 |       |             |  |

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                                    | Mon                                | 4/12/11 | Phillip Pratt  |
|---|------------------------------------|---------|--|
| HERE                                    | Signature of plan administrator    | Date    | Enter name of individual signing as plan administrator       |
| SIGN                                    | Mila                               | Hich    | Phillip Pratt  |
| HERE                                    | Signature of employer/plan sponsor | Date    | Enter name of individual signing as employer or plan sponsor |
| *************************************** |                                    |         | 1  |