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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| P     | ension Benefit Guaranty Corporation            | ▶ Complete all entries in accor         | rdance witl                          | n the instructions to the Form 5500   | 0-SF.                  | 1  |                         |  |  |
|-------|--|---|--------------------------------------|---------------------------------------|------------------------|--|-------------------------|--|--|
| Pa    | art I Annual Report Id                         | dentification Information               |                                      |                                       |                        |  |                         |  |  |
| For   | calendar plan year 2010 or fisc                | al plan year beginning 01/01/201        | 10                                   | and ending 1                          | 2/31/                  | 2010   |                         |  |  |
| Α -   | This return/report is for:                     | single-employer plan                    | multiple-e                           | mployer plan (not multiemployer)      |                        | one-participa                                      | ant plan                |  |  |
| В     | This return/report is for:                     | first return/report                     | final retur                          | n/report                              |                        | _  |                         |  |  |
|       |  | an amended return/report                | short plar                           | year return/report (less than 12 mor  | nths)                  |  |                         |  |  |
| C     | Check box if filing under:                     | Form 5558                               | automatio                            | extension                             |                        | DFVC progra  | am                      |  |  |
|       |  | special extension (enter description    | on)                                  |                                       |                        |  |                         |  |  |
| Pa    | rt II Basic Plan Infor                         | mation—enter all requested inform       | nation                               |                                       |                        |  |                         |  |  |
| 1a    | Name of plan                                   | ·                                       |                                      |                                       | 1b                     | Three-digit  |                         |  |  |
| COT   | TON AND ALLEN, PSC 401(K)                      | PLAN                                    |                                      |                                       |                        | plan number  | 003                     |  |  |
|       |  |   |                                      |                                       | 10                     | (PN)   | ( alaa                  |  |  |
|       |  |   |                                      |                                       | 10                     | Effective date of 09/01/2                          |                         |  |  |
| 2a    | Plan sponsor's name and addr                   | ress (employer, if for single-employer  | r plan)                              |                                       | 2b                     | Employer Ident                                     |                         |  |  |
|       | ΓΟΝ & ALLEN, PSC                               | 3 - 1 - 1 - 1 - 1                       | , ,                                  |                                       |                        | (EIN) 61-091                                       | 6029                    |  |  |
| 200.9 | S FIFTH ST SUITE 201 S                         |   |                                      |                                       | 2c                     | Plan sponsor's                                     | telephone number 9-6050 |  |  |
|       | SVILLE, KY 40202-3220                          |   |                                      |                                       | 2d                     |  | (see instructions)      |  |  |
|       |  |   |                                      |                                       |                        | 54121  |                         |  |  |
| 3a    | Plan administrator's name and FON & ALLEN, PSC | address (if same as Plan sponsor, e     | enter "Same                          | 2004 6                                | 3b Administrator's EIN |  |                         |  |  |
| COT   | TON & ALLEN, PSC                               | LOUISVILLE                              | H ST SUITE 201 S<br>E, KY 40202-3220 |                                       |                        | 61-0916029 <b>3c</b> Administrator's telephone num |                         |  |  |
|       |  |   |                                      |                                       | 30                     | 502-58   | 9-6050                  |  |  |
|       |  |   | port filed for this plan, enter the  | 4b                                    | EIN                    |  |                         |  |  |
| ı     | name, EIN, and the plan number                 | er from the last return/report. Sponso  | or's name                            |                                       | 4c                     | PN   |                         |  |  |
| 5a    | Total number of participants a                 | t the beginning of the plan year        |                                      |                                       | 5a                     | 111  | 67                      |  |  |
| b     |  | t the end of the plan year              |                                      | ;                                     | 5b                     |  |                         |  |  |
| C     |  | rith account balances as of the end o   |                                      | :                                     | 30                     |  | 52                      |  |  |
|       | • •  |   |                                      | •                                     | 5c                     |  | 52                      |  |  |
| 6a    | Were all of the plan's assets of               | during the plan year invested in eligib | ole assets?                          | (See instructions.)                   |                        |  | Yes No                  |  |  |
| b     |  |   |                                      | dent qualified public accountant (IQI |                        |  | X Yes □ No              |  |  |
|       |  |   |                                      | ons.)SF and must instead use Form 550 |                        |  | ☐ Tes ☐ INC             |  |  |
| Pa    | rt III Financial Inform                        |   | 01111 3300-                          | or and must mistead use i orm 550     |                        |  |                         |  |  |
| 7     | Plan Assets and Liabilities                    |   |                                      | (a) Beginning of Year                 |                        | (b) Enc  | l of Year               |  |  |
| а     | Total plan assets                              |   | 7a                                   | 3090304                               | ļ                      | (2) =:::   | 3499837                 |  |  |
| b     | '  |   |                                      |                                       |                        |  |                         |  |  |
| С     | Net plan assets (subtract line                 | 7b from line 7a)                        | 7с                                   | 3090304                               | ŀ                      |  | 3499837                 |  |  |
| 8     | Income, Expenses, and Trans                    | fers for this Plan Year                 |                                      | (a) Amount                            |                        | (b)  | Total                   |  |  |
| а     | Contributions received or rece                 | ivable from:                            |                                      | 113123                                |                        |  |                         |  |  |
|       |  |   |                                      |                                       |                        |  |                         |  |  |
|       | • • •  |   |                                      | 301562                                |                        |  |                         |  |  |
|       | , ,  | i)                                      |                                      | 440000                                | _                      |  |                         |  |  |
| b     | ` ,  |   |                                      | 440692                                | -                      |  | 055277                  |  |  |
| C     | , , , ,  | 8a(2), 8a(3), and 8b)                   | 8c                                   |                                       |                        |  | 855377                  |  |  |
| d     |  | rollovers and insurance premiums        | 8d                                   | 445844                                |                        |  |                         |  |  |
| е     |  | tive distributions (see instructions)   |                                      |                                       |                        |  |                         |  |  |
| f     | Administrative service provide                 | rs (salaries, fees, commissions)        |                                      |                                       |                        |  |                         |  |  |
| g     |  |   |                                      |                                       |                        |  |                         |  |  |
| h     | Total expenses (add lines 8d,                  | 8e, 8f, and 8g)                         |                                      |                                       |                        |  | 445844                  |  |  |
| i     |  | e 8h from line 8c)                      |                                      |                                       |                        |  | 409533                  |  |  |
| i     | Transfers to (from) the plan (se               | ee instructions)                        |                                      |                                       |                        |  |                         |  |  |

|    | Fo       | rm 5500-SF 2010  | Page <b>2-</b>  |
|----|----------|--|---|
| Pa | rt IV    | Plan Characteristics   |   |
| 9a |          | plan provides pension benefits, enter the applicabl $G=2J=2K=3D$ | e pension feature codes from the List of Plan Characteristic Codes in the instructions: |
| b  | If the p | olan provides welfare benefits, enter the applicable             | e welfare feature codes from the List of Plan Characteristic Codes in the instructions: |

| 10    | 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    |         | X             |               |                     |
| 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    | X       |               |               | 40000               |
| 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             |               |                     |
| 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    |         | X             |               |                     |
| Part  | VI Pension Funding Compliance   |        |         |               |               |                     |
| 11    | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))  |        |         |               |               | Yes X No            |
| 12    | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code  |        |         |               |               | Yes X No            |
|       | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  |        |         |               |               | <u> </u>            |
| а     | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru   | ctions | , and e | enter th      | ne date of th | e letter ruling     |
|       | granting the waiver   |        |         |               |               |                     |
| lf y  | ou 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           |               |                     |
| С     | Enter the amount contributed by the employer to the plan for this plan year   |        | L       | 12c           |               |                     |
| 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?   |        |         | ontrol        | •             | Yes X No            |
| С     | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)   | he pla | n(s) to | )             |               |                     |
| 1     | 3c(1) Name of plan(s):  |        | 13      | <b>c(2)</b> E | IN(s)         | <b>13c(3)</b> PN(s) |
|       |   |        |         |               |               |                     |
|       |   |        |         |               |               |                     |
| Caut  | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal   | ole ca | ıse is  | estab         | lished.       |                     |
| SB o  | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret<br>Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return<br>i, it is true, correct, and complete. |        |         |               | O, 11         | ,                   |
| DOILE | Filed with authorized/valid electronic signature.    08/18/2011   GWEN TILTON   |        |         |               |               |                     |
| 0101  | OWEN TIETON   |        |         |               |               |                     |

| SIGN | Filed with authorized/valid electronic signature. | 08/18/2011 | GWEN TILTON  |  |  |  |  |  |
|------|---|------------|--|--|--|--|--|--|
| 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

## 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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

| Per        | nsion Benefit Guaranty Corporation      | Complete all entries in accord       | ance with the i   | nstruc    | วนอกร เอ น   | ie roi  | 111 5500-55.                 | to Public III  | spection  |  |  |  |
|------------|---|--------------------------------------|-------------------|-----------|--|---|------------------------------|--|-----------|--|--|--|
| Pa         | rt I Annual Report                      | Identification Information           |                   |           |  |   |                              |  |           |  |  |  |
| For        | calendar plan year 2010 or fisca        |                                      | 01/2010           |           | ar   | nd en   | $\frac{1}{2}$                | 2/31/201   | 0         |  |  |  |
| A          | This return/report is for:              | X single-employer plan               | multiple-emp      | loyer p   | olan (not mi   | ultiem  | ployer)                      | one-participant  | plan      |  |  |  |
| В          | This return/report is for:              | first return/report                  | final return/re   |           |  |   |                              |  |           |  |  |  |
| •          |   | an amended return/report             | short plan ye     | ar retu   | ırn/report (l  | less th   | nan 12 month                 | 1  |           |  |  |  |
| С          | Check box if filing under:              | X Form 5558                          | automatic ex      | tensio    | n  |   | L                            | DFVC program   |           |  |  |  |
|            |   | special extension (enter desc        |                   |           |  |   |                              |  |           |  |  |  |
|            |   | rmation - enter all requested in     | nformation        |           |  |   |                              |  |           |  |  |  |
|            | Name of plan                            |                                      |                   |           |  |   | Three-digit<br>plan number ( | 'DNI)  | 000       |  |  |  |
| CO         | TTON AND ALLEN,                         | PSC 401(K) PLAN                      |                   |           | -  |   |                              |  | 003       |  |  |  |
|            |   |                                      |                   |           |  | 10  | Effective date               | the same transfer and the same   |           |  |  |  |
| 0-         |   |                                      |                   |           |  | Oh  |                              | 1/1990   | (FINI)    |  |  |  |
|            |   | ress (employer, if for single-emplo  | oyer plan)        |           |  | 20  |                              | ntification Numbe  | er (EIIV) |  |  |  |
| CO         | TTON & ALLEN, PS                        | ,C                                   |                   |           | 24/2/4   | 20  |                              |  | hor       |  |  |  |
| 20         | 0 S FIFTH ST SUI                        | rmæ 201 c                            |                   |           |  | 20  |                              | s telephone num  |           |  |  |  |
| <b>4</b> 0 | O S FIFIR SI SOI                        | -1E 201 S                            |                   |           |  | (502) 589-6050 <b>2d</b> Business code (see instructions) |                              |  |           |  |  |  |
| Τ.Ο        | UISVILLE                                | KY 40202-32                          | 20                |           |  | 24  | 5412                         | and the second s | 15)       |  |  |  |
|            |   | address (If same as Plan sponso      |                   | ١         |  | 3b Administrator's EIN                                    |                              |  |           |  |  |  |
| SA         |   | address (ii saine as Fiair sponse    | or, eriter Same   | ,         |  |   | Administrator                | 3 LIIV   |           |  |  |  |
| DII        |   |                                      |                   |           |  | 3c Administrator's telephone number                       |                              |  |           |  |  |  |
|            |   |                                      |                   |           |  | Administrator 3 telephone maniber                         |                              |  |           |  |  |  |
| 4 11       | the name and/or EIN of the pla          | in sponsor has changed since the     | e last return/rep | ort filed | d for this   | 4b  | EIN                          |  |           |  |  |  |
|            |   | ne plan number from the last retu    |                   |           | 's name  |   |                              |  |           |  |  |  |
|            | , |                                      | ,                 |           | -  | 4c  | PN                           |  |           |  |  |  |
|            |   |                                      |                   |           |  |   |                              |  |           |  |  |  |
| 5a         |   | t the beginning of the plan year     |                   |           |  | 5a  |                              | 67   |           |  |  |  |
| b          | Total number of participants at         | t the end of the plan year           |                   |           |  | 5b  |                              | 52   |           |  |  |  |
| С          | Total number of participants w          | rith account balances as of the er   | nd of the plan ye | ear (det  | fined  |   |                              |  |           |  |  |  |
|            |   | this item)                           |                   |           |  | 5c  |                              | 52   |           |  |  |  |
|            |   | uring the plan year invested in eli  |                   |           |  |   |                              | X Yes  | No No     |  |  |  |
| b          |   | e annual examination and report      |                   |           |  |   |                              |  |           |  |  |  |
|            |   | 4-46? (See instructions on waiver    |                   |           |  |   |                              | X Yes  | No No     |  |  |  |
| D          |   | er 6a or 6b, the plan cannot use     | Form 5500-SF      | and m     | nust instea  | ad use  | Form 5500.                   |  |           |  |  |  |
|            | rt III Financial Inform                 | nation                               |                   | 1.00 HOS  | ()5  |   |                              |  |           |  |  |  |
| 7          | Plan Assets and Liabilities             |                                      |                   |           |  |   | g of Year                    | (b) End o  |           |  |  |  |
| b          | Total plan assets                       |                                      |                   | 7a        |  | 3,0   | 90,304                       | 3,   | 499,837   |  |  |  |
| C          | Not plan agents (subtract line 7        | 7b from line 7a)                     |                   | 7b        |  | 2 0   | 90,304                       | 2  | 100 027   |  |  |  |
| 8          | Income, Expenses, and Transf            |                                      |                   | 7c        |  | a) Am   |                              | (b) To   | 499,837   |  |  |  |
|            | Contributions received or received      |                                      |                   |           | (6   | 4) AIII   | Julit                        | (5) 10   | · Cui     |  |  |  |
| -          |   |                                      |                   | 8a(1)     |  | 1   | 13,123                       |  |           |  |  |  |
|            | (0) 5                                   |                                      |                   | 8a(2)     |  |   | 01,562                       | a d  |           |  |  |  |
|            |   |                                      |                   | 8a(3)     | 301,304  |   |                              |  |           |  |  |  |
| b          | Other income (loss)                     | SEE STATEMENT                        | 1                 | 8b        |  | 4   | 40,692                       |  |           |  |  |  |
|            |   | Ba(2), 8a(3), and 8b)                |                   | 8c        |  |   | _0,000                       |  | 855,377   |  |  |  |
| d          |   | overs and insurance premiums to prov |                   | 8d        |  | 4   | 45,844                       | STATEME  |           |  |  |  |
| е          |   | tive distributions (see instructions |                   | 8e        |  |   |                              |  |           |  |  |  |
| f          |   | rs (salaries, fees, commissions)     |                   | 8f        |  |   |                              | The Control of the Co |           |  |  |  |
| g          |   |                                      |                   | 8g        |  |   |                              |  |           |  |  |  |
| h          | Total expenses (add lines 8d, 8         | Be, 8f, and 8g)                      |                   | 8h        |  |   |                              |  | 445,844   |  |  |  |
| i          | Net income (loss) (subtract line        | 8h from line 8c)                     |                   | 8i        |  |   |                              |  | 409,533   |  |  |  |
| j          |   | e instructions)                      |                   | 8i        | 31.30 - COST - C |   |                              | - 12   |           |  |  |  |

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| Form | FFOO | CL | 1001 | $\cap$ |
|------|------|----|------|--------|
|      |      |    |      |        |
|      |      |    |      |        |

| Part IV Plan Characteris | tice |
|--------------------------|------|

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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  |                                  |                                      |          |                   |               |            |              |              |
|---------|---|----------------------------------|--------------------------------------|----------|-------------------|---------------|------------|--------------|--------------|
|         | During the plan year:   |                                  | г                                    |          | Yes               | No            |            | Amoun        | <u>t</u>     |
|         | Vas there a failure to transmit to the plan any participant   |                                  | 100                                  |          |                   |               |            |              |              |
|         | n 29 CFR 2510.3-102? (See instructions and DOL's \  |                                  |                                      | 10a      |                   | X             |            |              |              |
| b       | Vere there any nonexempt transactions with any p  | party-in-interest? (Do no        | t include                            |          |                   |               |            |              |              |
| 9       | ransactions reported on line 10a.)  |                                  |                                      | 10b      |                   | X             |            |              |              |
|         | Vas the plan covered by a fidelity bond?  |                                  |                                      | 10c      | X                 |               | 1          | 4 (          | 00,000       |
| d       | Did the plan have a loss, whether or not reimburse  | d by the plan's fidelity I       | oond, that                           |          |                   |               |            |              |              |
|         |   |                                  |                                      | 10d      |                   | X             |            |              |              |
| e       | Vere any fees or commissions paid to any brokers  | , agents, or other perso         | ons by an insurance                  |          |                   |               |            |              |              |
|         | carrier, insurance service or other organization that   | provides some or all o           | f the benefits under                 |          |                   |               |            |              |              |
|         | he plan? (See instructions.)  |                                  |                                      | 10e      |                   | X             |            |              |              |
|         | Has the plan failed to provide any benefit when du  |                                  |                                      | 10f      |                   | X             |            |              |              |
| g       | Did the plan have any participant loans? (If "Yes,"   | enter amount as of yea           | r end.)                              | 10g      |                   | X             |            |              |              |
| h       | f this is an individual account plan, was there a bla   | ackout period? (See ins          | tructions                            |          |                   |               |            |              |              |
|         | and 29 CFR 2520.101-3.)   |                                  |                                      | 10h      |                   | X             |            |              |              |
|         | f 10h was answered "Yes," check the box if you e  |                                  |                                      |          |                   |               |            |              |              |
|         | of the exceptions to providing the notice applied u   | nder 29 CFR 2520.101             | -3                                   | 10i      |                   | X             |            |              |              |
| Parl    | VI Pension Funding Compliance   |                                  |                                      |          |                   |               |            |              |              |
| 11      | s this a defined benefit plan subject to minimum fu   | unding requirements? (           | If "Yes," see instructions           | s and    | comp              | lete          |            | _            | _            |
|         | Schedule SB (Form 5500))  |                                  |                                      |          |                   |               |            | Yes          | X No         |
|         | s this a defined contribution plan subject to the m   |                                  |                                      |          |                   |               |            |              |              |
|         | section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)          |                                  |                                      |          |                   |               |            |              |              |
|         | f a waiver of the minimum funding standard for a p  |                                  |                                      |          |                   |               |            |              | f the letter |
|         | uling granting the waiver.  |                                  |                                      |          |                   |               |            | Year         |              |
|         | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. |                                  |                                      |          |                   |               |            |              |              |
|         | Inter the minimum required contribution for this pl   |                                  |                                      |          |                   | 12b           |            |              |              |
|         |   |                                  |                                      |          |                   | 12c           |            |              |              |
|         | C Enter the amount contributed by the employer to the plan for this plan year                           |                                  |                                      |          |                   |               |            |              |              |
|         | he left of a negative amount)   |                                  |                                      |          |                   | 12d           |            |              |              |
|         | Vill the minimum funding amount reported on line  |                                  |                                      |          |                   | $\overline{}$ | es         | No           | N/A          |
| Part    |   | s of Assets                      |                                      |          |                   |               |            |              |              |
|         | las a resolution to terminate the plan been adopte  |                                  | or any prior year?                   |          |                   |               |            | Yes          | X No         |
|         | f "Yes," enter the amount of any plan assets that i   |                                  |                                      |          |                   | 13a           |            |              |              |
|         | Were all the plan assets distributed to participants  |                                  |                                      |          |                   | 104           | 1 - 3 - 4  | - The second |              |
|         | under the control of the PBGC?  |                                  |                                      |          | _                 |               |            | Yes          | X No         |
| С       | f during this plan year, any assets or liabilities were   | e transferred from this          | plan to another plan(s), i           | dentif   | v the i           | nlan(s)       | to whic    |              |              |
|         | abilities were transferred. (See instructions.)   | o transferred from time p        | oran to another planto,              | 4011111  | ,                 | p.idi. (0)    |            | ., ., .,     |              |
|         | c(1) Name of plan(s):   |                                  |                                      |          | 13c(2) EIN(s) 13c |               |            | 13c(3        | ) PN(s)      |
|         |   |                                  |                                      |          | 100(2)            |               |            | ,00(0        | 7            |
|         |   |                                  |                                      |          |                   |               |            |              |              |
|         |   |                                  |                                      |          |                   |               |            |              |              |
|         |   |                                  |                                      |          |                   |               |            |              |              |
| Caut    | on: A penalty for the late or incomplete filing of  | this return/report will          | he assessed unless re                | 22501    | able o            | 20160         | is estab   | liched       |              |
|         | nalties of perjury and other penalties set forth in the instructions, I                                 |                                  |                                      |          |                   |               |            |              | ad and       |
| igned b | van enrolled actuary, as well as the electronic version of this return                                  | /report, and to the best of my l | knowledge and belief, it is true, o  | correct, | and con           | nplete.       | or Schedul | e MB complet | ed and       |
| SIGN    | Shroom E 1004con  | 8/15/11                          | Chileri mari mora                    |          |                   |               |            |              |              |
| HERE    | Signature of plan administrator   | Date                             | GWEN TILTON  Enter name of individua | al sign  | ning as           | s plan s      | adminiet   | rator        |              |
| ATTACL  | garo or plan daminou ator   |                                  | Littor Harris Of Individue           | ai sigi  | mig as            | Pian          |            |              |              |
| SIGN    |   |                                  |                                      |          |                   |               |            |              |              |
| HERE    | Signature of employer/plan sponsor  | Date                             | Enter name of individua              | al siar  | ning as           | emple         | oyer or r  | olan spons   | or           |
|         |   | 1                                |                                      |          |                   |               |            |              |              |