## 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

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

Pa	art I A	nnual Report	<b>Identification Inform</b>	nation						
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 04/15/2011									
Α .	This return/	report is for:	xingle-employer plan	П	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan	
					final retur	n/report		_		
_		- F	an amended return/re	port 🖺		year return/report (less than 12 mo	nths)			
_	Chack hav	if filing under:	☐ Form 5558	'	•	extension	/	DFVC progra	m	
•	SHECK DOX	ii iiiiig under.	special extension (ent	or description		CALCHSION		Di vo piogia		
	4 II D	ania Dian Infa	<u> </u>	•	,					
			enter all reque	ested informa	ation		1h	Throo digit		
	Name of pl		K) PROFIT SHARING PLA	N			10	Three-digit plan number		
11011	3111110 122	1200W, 1110. 401(	ity i Rollii Olivatano i Ex					(PN) <b>•</b>	001	
							1c	Effective date of		
								01/01/2		
		sor's name and ad _ECOM, INC.	ldress (employer, if for sing	le-employer	plan)		2b	Employer Identif		
11010	JIIINO ILL	LCOW, INC.					20	(LIIV)	elephone number	
		IDGE ROAD						502-957	7-2222	
RKO	OKS, KY 40	0109					2d	Business code (	see instructions)	
2-	Die :	-2-111	- d - dd		-1	***	O.L.	237100	- IN I	
		nistrator's name ar ₋ECOM, INC.		225 CORAL	. RIDGE R		30	Administrator's E 59-3833		
			E	BROOKS, KY	<b>/</b> 40109		3c	Administrator's t	elephone number	
								502-957	7-2222	
						port filed for this plan, enter the	4b	EIN		
ı	name, EIN,	and the plan num	ber from the last return/rep	ort. Sponso	r's name		4c	PN		
5a	Total num	ber of participants	at the beginning of the pla	n vear			5a		31	
		•		•			5b		0	
			• •			ear (defined benefit plans do not	30			
·							5c		0	
6a	Were all o	of the plan's assets	s during the plan year inves	sted in eligibl	le assets?	(See instructions.)			X Yes No	
b						dent qualified public accountant (IQ				
			,	0,		ons.)			^ Yes   No	
Pa		inancial Infor		innot use ro	orm 5500-	SF and must instead use Form 55	00.			
7		ets and Liabilities	manon .			(a) Reginning of Year		(b) End	of Voor	
_					. 7a	(a) Beginning of Year 7423	3	(b) Elia	0	
	•				7b					
			e 7b from line 7a)		7c	7423	3		0	
8	•	•	nsfers for this Plan Year		, ,,			(b) Total		
а		ons received or re				(a) Amount		(ט) ו	Vidi	
-					8a(1)	50	6			
	(2) Partic	ipants			8a(2)	60	0			
	(3) Others	s (including rollove	ers)		8a(3)					
b	Other inco				2994	4				
С	Total inco	me (add lines 8a(1	I), 8a(2), 8a(3), and 8b)		8c				3110	
d		`	ct rollovers and insurance p		l	7693	9			
_	•	,			. 8d	7000	-			
e			ective distributions (see ins	,	. 8e					
t		·	ders (salaries, fees, commi	,	8f	404	1			
g	•				. 8g	404	+		77343	
h	•	•	d, 8e, 8f, and 8g)		8h				-74233	
i		` , `	line 8h from line 8c)		8i				-14233	
- 1	Transfers	to (from) the plan	(see instructions)		8j					

	Form 5500-SF 2010 Page <b>2-</b>									
ar	t IV Plan Characteristics									
a	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 2T 3D 3H	oto riot	io Cod	ا ما ما	ha inatura	tiono.				
J	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
art	rt V Compliance Questions									
)	During the plan year:		Yes	No		Amo	ount			
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		X						
С	Was the plan covered by a fidelity bond?	10c	X					25000		
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					348		
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								
ırt	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			`		Yes	X No		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	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							•		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			<b>-</b> ., .						
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			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	١	Ю	N/A		

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

**b** 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)

X Yes 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.	08/29/2011	MARK D. HUTCHINS
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

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).

Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

FO	Calendar plan year 2010 or feed plan year beginning	4.4							
_	or calendar plan year 2010 or fiscal plan year beginning 01/01/2011 and ending 04/15/2011								
Α	This return/report is for: Single-employer plan	_ multiple-	Itiple-employer plan (not multiemployer) one-participant plan						
В	This return/report is for:	final retu	al return/report						
	an amended return/report Short plan year return/report (less than 12 months)								
С	Check box if filing under: Form 5558	extension	,	DFVC progra	m				
	special extension (enter descript								
Р	art II Basic Plan Information—enter all requested inform	•							
L	Name of plan	nation		1h	Three-digit				
	"CHINS TELECOM, INC. 401(K) PROFIT SHARING PLAN			10	plan number				
	, , , , , , , , , , , , , , , , , , , ,				(PN) • 001				
				1c	1c Effective date of plan 01/01/2010				
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2h	Employer Identif		·		
HUT	CHINS TELECOM, INC.	,		_~	(EIN) 59-3833		;ı		
422	5 CORAL RIDGE ROAD			2c	Plan sponsor's to	elephone num	ber		
BRC	OOKS KY 40109			2d	Business code (s		s)		
32	Dian administrator's name and address (if some an Dian	"0	The state of the s		237100				
SAN	Plan administrator's name and address (if same as Plan sponsor, $^{\rm ME}$	enter "Same	∋″)	3b	3b Administrator's EIN 59-3833123				
				3с	Administrator's to 502-957	elephone num '-2222	ber		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Spons	or's name		4c	DNI				
5a	Total number of participants at the beginning of the plan year				T		24		
	Total number of participants at the end of the plan year			5a			31		
c	Total number of participants with account balances as of the end of			5b			0		
	complete this item)	of the plan y	ear (defined benefit plans do not	5с			0		
6a	Were all of the plan's assets during the plan year invested in eligil					X Yes	No		
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IO)	PAI					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)			Yes [	No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.					
7	Plan Assets and Liabilities		(a) Pariming of Vari	(h) Fard of Verra					
a	Total plan assets	7-	(a) Beginning of Year 74233		(b) End	of Year	.0		
b			, com to the	_		v.ivvauv.			
	Net plan assets (subtract line 7b from line 7a)	`` <del></del>	74233	-			0		
	Income, Expenses, and Transfers for this Plan Year	70		-	/1.) ***				
а		200000000000000000000000000000000000000	(a) Amount		(b) T	otai			
	(1) Employers	8a(1)	56						
	(2) Participants	8a(2)	60						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	2994						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3.	110		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	76939						
е	Certain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses		404			607			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					773	343		
i	Net income (loss) (subtract line 8h from line 8c)					-742			
i	Transfers to (from) the plan (see instructions)								

Form	5500.	SE	201	0
1 01111	JUUU	~.OF	201	ш

Signature of employer/plan sponsor

Page	2-	1
ı auc		

Enter name of individual signing as employer or plan sponsor

Par	IV Plan Characteristics								·	
9a	If the plan provides pension benefits, enter the applicable pension for	eature codes from the	E List of Plan Char	acteris	stic Co	des in	the instruc	tions:		
	2E 2F 2G 2J 2K 2T 3D 3H  If the plan provides welfare benefits, enter the applicable welfare fe									
Part							****			
10	V Compliance Questions  During the plan year:									
а	The state of the s			Yes	No		Amoun	t		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian)	ciary Correction Progr	ram)	10a		Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Was the plan covered by a fidelity bond?			10b	X		200			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity hand, that was	councid by fraud		^	Х	. 250			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	r persons by an insu	rance carrier,	10d	X				348	
f	Has the plan failed to provide any benefit when due under the plan?	?				Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f		X				
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	iee instructions and 2	0 CEP	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or or	ne of the	10h 10i						
Part				101				77		
11	Is this a defined benefit plan subject to minimum funding requiremer	nts? (If "Yes," see ins	tructions and com	plete S	Sched	ule SB	(Form	Пи		
12	Is this a defined contribution plan subject to the minimum funding re		- 440 ftl 0 1					Ye Ye	- H-	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being granting the waiver	ble.) amortized in this pla	n year, see instruc	tions	and a	ntau th	- 4-1611-			
	Enter the minimum required contribution for this plan year					401				
С	Enter the amount contributed by the employer to the plan for this rie			••••••	.  -	12b				
a	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a min	us sian to the left o	of a		12c 12d				
	Will the minimum funding amount reported on line 12d be met by the						7 Yes	] No	Пъил	
Part '	/II Plan Terminations and Transfers of Assets	randing acadime :					162	140	N/A	
13a	Has a resolution to terminate the plan been adopted during the plan	Vacr er en	-0							
	if "Yes," enter the amount of any plan assets that reverted to the em				·····	420		X Ye	s No	
D	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another	nlan or brought u	ındor t	he cor	13a ntrol		X Ye	0 - U N-	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plan	(s) to			X Ye	s    No	
	c(1) Name of plan(s):				13c	(2) EIN	V(s)	13c(	3) PN(s)	
Cautio	n: A penalty for the late or incomplete filing of this return/repor	t will be assessed ι	ınless reasonable	e caus	se is e	stabli	shed.			
Under SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	I declare that I have a	vamined this retu	rnlron	ort inc	di i din a	if andline	ole, a Sc nowledg	hedule e and	
SIGN	slug a A	8-22-11	MARK D. HUTC	HINS	<del></del>	******				
HERE	Signature of plan administrator	Date	Enter name of inc	dividus	al signi	ina ac	nlan admir	istrator		
SIGN	Mase	8-22-11	Since Harris Of Hit		orgili	y as	Pian aunill	nou alUI		
HERE	Signature of employer/plan sponsor	Date	F-1				-			