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).

▶ 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

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20)10	and ending	12/31/2	2010	
A	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant 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 m	onths)		
C	Check box if filing under:	automatio	extension		DFVC program	
	special extension (enter descrip	tion)			_	
Pa	art II Basic Plan Information—enter all requested infor	mation				_
1a	Name of plan			1b	Three-digit	
A-PE	ELING FUND RAISING, INC. DEFINED BENEFIT PLAN				plan number 001	
				10	(PN) ▶ Effective date of plan	_
				10	01/01/1997	
2a	Plan sponsor's name and address (employer, if for single-employer	er plan)		2b	Employer Identification Number	
A-PE	ELING FUND RAISING, INC.				(EIN) 31-1487886	
46 G	UNPOWDER RIDGE			2c	Plan sponsor's telephone number 859-442-7766	r
	HOMAS, KY 41075			2d	Business code (see instructions)	_
					454390	
3a	Plan administrator's name and address (if same as Plan sponsor, ELING FUND RAISING, INC. 46 GUNPO	enter "Same	e") GE	3b	Administrator's EIN 31-1487886	
		AS, KY 4107		30	Administrator's telephone numbe	
					859-442-7766	
	f the name and/or EIN of the plan sponsor has changed since the		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Spon	sor's name		4c	PN	
5a	Total number of participants at the beginning of the plan year					3
b	Total number of participants at the end of the plan year			. 5b		2
С	Total number of participants with account balances as of the end			0.5		_
	complete this item)			. 5c		
_	Were all of the plan's assets during the plan year invested in elig		,		Yes L N	10
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)				⊠ _{Yes} ∏ _N	10
	If you answered "No" to either 6a or 6b, the plan cannot use		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	7a	10205	13	108737	1
b	Total plan liabilities	7b		0		0
С	Net plan assets (subtract line 7b from line 7a)	7с	10205	13	108737	1
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	3000	00		
	(2) Participants	` '		0		
	(3) Others (including rollovers)			0		
b	Other income (loss)		10365	57		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	-			13365	7
d	Benefits paid (including direct rollovers and insurance premiums		667	20		
	to provide benefits)		6679			
е	Certain deemed and/or corrective distributions (see instructions)			0		
f	Administrative service providers (salaries, fees, commissions)	8f		0		
g	Other expenses			0	0070	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				6679 6685	
ĺ	Net income (loss) (subtract line 8h from line 8c)				0800	0
	Transfers to (from) the plan (see instructions)	···· Qi	i	0		

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		•	
Part IV	l Plan	Charac	tarietice
I all IV	ı ıaıı	Ollarac	ici ialici

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

art	t V Compliance Questions								
)	During the plan year:	_		Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not i on line 10a.)	·	10b		X				
С	Was the plan covered by a fidelity bond?		10c	X				250	000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor or dishonesty?		10d		X				
	Were any fees or commissions paid to any brokers, agents, or other persons insurance service or other organization that provides some or all of the bene instructions.)	fits under the plan? (See	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 e	nd.)	10g		X				
	If this is an individual account plan, was there a blackout period? (See instru 2520.101-3.)		10h		X				
	If 10h was answered "Yes," check the box if you either provided the required 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 "\ 5500))						. X Y	′es	No
2	Is this a defined contribution plan subject to the minimum funding requireme	nts of section 412 of the Code	or se	ction 3	302 of	ERISA?	. [] Y	′es X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.	Mont							_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For			Г	401				
	Enter the minimum required contribution for this plan year			1	12b				
	Enter the amount contributed by the employer to the plan for this plan year				12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)				12d				
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?				Yes	No	١	N/A
rt \	VII Plan Terminations and Transfers of Assets								
а	Has a resolution to terminate the plan been adopted during the plan year or	any prior year?		<u>-</u>			Y	′es X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?	ed to another plan, or brought u	ınder	the co			Y	′es X	No
	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify th	e pla	n(s) to	1				
13	13c(1) Name of plan(s):			13	c(2) El	N(s)	13	c(3) PN	i(s)
autio	tion: A penalty for the late or incomplete filing of this return/report will be	e assessed unless reasonable	e cau	ıse is	establ	ished.			
nder 3 or	er penalties of perjury and other penalties set forth in the instructions, I declare or Schedule MB completed and signed by an enrolled actuary, as well as the eaf, it is true, correct, and complete.	that I have examined this retu	rn/rep	oort, ir	cludin	g, if applic			

SIGN	Filed with authorized/valid electronic signature.	10/03/2011	DALE FURTWENGLER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/03/2011	DALE FURTWENGLER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service Department of Labor

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

							an attachme	ent to Form	2200 Or	2200-			40/04/03	240		
				or fiscal plan		r beginning 0	1/01/2010				and en	ding	12/31/20	J10		
				nearest dolla												
<u> </u>	Cauti	ion: A	penalty of \$7	1,000 will be a	sses	ssed for late filing of	of this report	unless reas	onable ca	ause is	establish	ned.				
A	Name	of pla	ın							В	Three-d	igit			0	04
A-P	EELIN	NG FL	JND RAISING	3, INC. DEFIN	ED	BENEFIT PLAN					plan nur	nber ((PN)	•	U	01
											•		<u>, , , , , , , , , , , , , , , , , , , </u>			
					2a (of Form 5500 or 55	500-SF			D	Employe	r Ident	tification	Numbe	er (EIN)	
A-P	EELIN	NG FL	JND RAISING	S, INC.						31-	1487886					
Ε.	уре с	of plan	: X Single	Multiple-A	Γ	Multiple-B	F	Prior year pla	an size:	100	or fewer	∏ 1	01-500	Mor	e than 500	
				<u> </u>		<u>.</u>	1	, ,	<u>L</u>					Ш		
Pa	art I	В	asic Inforr	mation												
1	Ente	er the	valuation dat	te:	Mo	onth <u>01</u>	Day <u>01</u>	Year <u></u>	2010	_						
2	Ass	ets:														
	а	Mark	et value									2	2a			1020513
	b	Actu	arial value									2	2b			1020513
3	Fun	dina t	arget/particip	ant count brea	kdo	wn			(1) N	lumbe	r of partic	cipants	s	C	2) Funding	Target
	а	•	0 1 1			aries receiving pay	ment	3a	(-,				1	,		31758
	b			•		receiving pay	•						1			48986
					115.	•••••		30					•			10000
	С	For	active particip					0 - (4)								0
		(1)	Non-vested	benefits												
		(2)	Vested bene	efits												1009483
		(3)	Total active					. 3c(3)					1			1009483
	d	Tota	ıl					. 3d					3			1090227
4	If th	e plar	n is at-risk, ch	eck the box a	nd c	omplete items (a)	and (b)									
	а	Func	ling target dis	renarding pre	crik	ed at-risk assump	tions						4a			
	b		0 0	0 0.		umptions, but disre										
	D					ve years and disre							4b			
5	Fffe							•					5			6.65 %
6													6			0
			Enrolled Act									1				
		•		•	ed in	this schedule and accor	mpanving schedu	iles, statements	and attachm	nents. if a	anv. is comp	olete and	d accurate.	Each pres	scribed assum	ption was applied in
	accorda	ance wit	h applicable law a	and regulations. In	my o	oinion, each other assum ence under the plan.										
			nor my boot count	ate of antioipated t	хрог	onee ander the plan.										
	SIGN															
H	ERE	Ε								_				09/22	2/2011	
				Sig	atu	re of actuary								Date	e	
CHA	RLES	S W. S	SCHNEIDER											11-0	2627	
				Type or	orin	name of actuary				_		М	lost recei	nt enrol	lment num	ber
SCH	INEID	ER &	BROWN CO	• •		, , , , , , , , , , , , , , , , , , , ,									34-6100	
				<u>'</u>	F:	m name				_		Talanh				a codo)
4520	COC	OPER	RD STE 203		ГШ	n name					'	elebi	ione nun	iber (in	cluding are	ea code)
			H 45242													
				Ac	dre	ss of the firm				_						
14.71-				la ata al	1 - *		المستعددات		:···	_4! · ·	L: I !	lla '	ال مما	L		
	actua		is not fully ref	iected any reg	uıat	ion or ruling promu	ligated under	r the statute	in comple	eting ti	nis sched	iuie, c	neck the	box an	ıa see	

Page	2-	1

Pa	art II	Begin	ning of year	carryove	er and prefu	nding bal	ances						
			-	•	-			(a)	Carryover balance	9	(b) F	Prefundii	ng balance
7		-	nning of prior year			•				0			0
8	Portion (used to	offset prior year's	funding red	uirement (Item	35 from prio	r year)			0			0
9	Amount	remainii	ng (Item 7 minus i	tem 8)						0			0
10	Interest	on item	9 using prior year	s actual re	turn of 22.	49 _%				0			0
11			ess contributions t										
	a Exce	ss contr	ributions (Item 38	from prior y	/ear)								1167
	b Inter	est on (a	a) using prior year	s effective	rate of 6	.06 %							71
			e at beginning of c										1238
	_		to be added to p		•	•							0
12			ances due to elec							0			0
			nning of current ye							0			0
Р	art III	Fun	ding percenta	iges						1			
14	Fundina											14	93.49 %
15												15	93.49 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	of determining	whether carr	yover/prefu	nding bala	ances may be used	to reduce		16	78.17 %
17	current year's funding requirement												
	art IV		tributions and		·			<u>, </u>	, ,				
			ade to the plan for	•	·		lovees.						
	(a) Date		(b) Amount p		(c) Amount		(a) [ate	(b) Amount p	aid by	(0	:) Amou	nt paid by
	IM-DD-Y	YYY)	employer(_	employ		(MM-DD	-YYYY)	employer	(s)		emplo	oyees
01	/15/2010			30000		0							
								1		00000		ı	
							Totals ►	18(b)		30000	18(c)		0
19									the beginning of th				
	a Contr	butions	allocated toward	ınpaid min	imum required	contribution f	rom prior ye	ears		19a			0
	b Contri	butions	made to avoid res	trictions ac	djusted to valua	tion date				19b			0
	C Contri	butions a	allocated toward mi	nimum requ	uired contribution	for current y	ear adjusted	l to valuatio	on date	. 19c			29838
20	Quarterl	y contrib	outions and liquidit	y shortfalls	:								
	a Did the plan have a "funding shortfall" for the prior year?												
	b If 20a	is "Yes,	" were required qu	uarterly ins	tallments for the	current yea	r made in a	timely ma	nner?	<u></u>		X	Yes No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following	g table as ap	plicable:						
					Liquidity sho	rtfall as of er	of Quarte						
		(1) 15			(2) 2nd		0	(3)	3rd	0		(4) 4th	
			0				0			0			0

Pa	rt V Assumptio	ons used to determine f	unding target and targ	aet n	ormal cost						
21	•	acca to determine i	and tally	5 01 11	J 000t						
	a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %		3rd segment: 6.82 %		N/A, full yiel	d curve u	ısed		
	b Applicable month	(enter code)				21b			4		
22	Weighted average ret	tirement age				. 22			65		
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	е				
Pa	rt VI Miscellane	ous items									
24	· ·	nade in the non-prescribed act	•		•		· · -	d Yes	No		
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruc	tions r	egarding required attac	hment		Yes	No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structi	ons regarding required	attachment.	×	Yes	No		
27	, ,	or (and is using) alternative fur	• • • • • • • • • • • • • • • • • • • •			27					
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contributi	ons f	or prior years						
28	Unpaid minimum requ	uired contribution for all prior ye	ears			. 28	0				
29	' '	contributions allocated toward			' '	29			0		
30	Remaining amount of	f unpaid minimum required cor	tributions (item 28 minus iten	n 29)		. 30		0			
Pa	rt VIII Minimum	required contribution t	or current year								
31	Target normal cost, a	djusted, if applicable (see instr	ructions)			. 31			0		
32	Amortization installme	ents:			Outstanding Bala	ance	Install	ment			
	a Net shortfall amorti	tization installment				27343			7729		
	b Waiver amortization	on installment				0			0		
33		approved for this plan year, en Day Year				33			0		
34	• •	ment before reflecting carryove	. • • • • • • • • • • • • • • • • • • •			34			7729		
			Carryover balance		Prefunding bala	ince	Total ba	alance			
35	Balances used to offs	set funding requirement		0		0			0		
36	Additional cash requir	rement (item 34 minus item 35)			. 36			7729		
37									29838		
38	8 Interest-adjusted excess contributions for current year (see instructions)										
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over i	em 37)	. 39			0		
40	Unpaid minimum requ	uired contribution for all years.				40					

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).

► 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

		<u>t Identification Information</u>					
For	the calendar plan year 2010	or fiscal plan year beginning	01/01	./2010	and ending	12	/31/2010
A	This return/report is for:	x single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participant plan
В .	This return/report is for:	first return/report	final return	/report			•
		an amended return/report	short plan	year return/re	port (less than 12 mont	ths)	
C (Check box if filing under:	x Form 5558	automatic	extension		Γ	DFVC program
	· ·	special extension (enter descrip	otion)			_	
P	art II Basic Plan Info	ormation enter all requested i					
	Name of plan	Official enter an requested i	mormation.			1b 1	hree-digit
	·	THE THE DEETHER DEVICET	TI TOT 3.51			ļ ŗ	olan number
	A PEEDING FOND KAIS	ING, INC. DEFINED BENEFI	I PLIMIN			· · · · · · · · · · · · · · · · · · ·	PN) ► 001 Effective date of plan
							01/01/1997
2a	•	ldress (employer, if for single-employ	er plan)				Employer Identification Number
	A-PEELING FUND RAIS	ING, INC.					EIN) 31-1487886
	46 GUNPOWDER RIDGE						Plan sponsor's telephone number (859) 442-7766
	THE THOUGH	TOT 41075				2d E	Business code (see instructions)
US 3a	FT. THOMAS	KY 41075 nd address (If same as plan employe	r enter "Same"	<u> </u>			154390 Administrator's EIN
Ju	Same	nd address (ii same as plan employe	i, citter barrie	,		30 /	AUTIMISMALON S ETIN
*						30	Administrator's telephone number
						36 /	Administrator's telephone number
<u> </u>						41-	
4	name, EIN and the plan num	e plan sponsor has changed since the ber from the last return/report. Spons	e last return/rep sor's Name	ort filed for th	is plan, enter the	4b E	
						4c F	PN
5a		at the beginning of the plan year.				5a	3
b		at the end of the plan year with account balances as of the end				<u>5b</u>	2
		with account balances as of the end				5c	
6a		during the plan year invested in eligi					X Yes No
b	Are you claiming a waiver of	f the annual examination and report o ? (See instructions on waiver eligibility	f an independe	nt qualified pu	blic accountant (IQPA)		
		ther 6a or 6b, the plan cannot use					Yes No
Pa	rt III Financial Info					· · · · · · · · · · · · · · · · · · ·	
7	Plan Assets and Liabilities			(a) E	Seginning of Year	- T	(b) End of Year
а	Total plan assets		7a		1,020,513		1,087,371
b			75		0		0
С	Net plan assets (subtract line		_		1,020,513		1,087,371
8	Income, Expenses, and Tran				(a) Amount		(b) Total
а	Contributions received or rec					1120701100	
	(1) Employers		8a(1)		30,000	_	
	• •				0		
		ers)			. 0	_	
b					103,657		
d	Total income(add lines 8a(1)), 8a(2), 8a(3), and 8b) ct rollovers and insurance premiums	8c			101 201 200	133,657
u			8d		66,799		
е		ective distributions (see instructions)			00,733	\exists	
f		ders (salaries, fees, commissions).			0		
g	,				0		
h	Total expenses (add lines 8c	d, 8e, 8f, and 8g)					66,799
i		ine 8h from line 8c)					66,858
j		(see instructions)		- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	0		
	, ,		-1	1	•	13509663666	

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Par	t IV Plan Characteristics							·	
9a	If the plan provides pension benefits, enter the applicable pens	sion feature codes from	the List of Plan Charac	teristic	Code	s in the	instructio	ns:	
h	1A 1G 3D 1I If the plan provides welfare benefits, enter the applicable welfa	faat	a I lak af Dida Obassak			: «I :			
b	if the plan provides welfare benefits, enter the applicable welfa	ire teature codes from tr	le List of Plan Characte	ristic C	oaes	ın the i	nstruction	s:	
Pai	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а		ntribution within the time	period described in	40-		x .			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Were there any nonexempt transactions with any party-in-in			10a		 			<u> </u>
	on line 10a.)	•	· ·	. 10b		x			
С	Was the plan covered by a fidelity bond?			10c	х				250,000
d	=								
	or dishonesty?	· · · · · · · ·		10d		x			
е	The state of the s								
	insurance services or other organization that provides some instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the			1		x			
g	Did the plan have any participant loans? (If "Yes," enter amo	ount as of year end.) .		. 10g		х			
h						1,,	7533		
:	2520.101-3.)			. 10h		X			
	If 10h was answered "Yes," check the box if you either provi exceptions to providing the notice applied under 29 CFR 252			. 10i					
	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding req							XYes	∏No
12	Is this a defined contribution plan subject to the minimum fur								X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as	- ·							
а									
If	granting the waiver			onth		Day	'	Year	
b		•	•			12b			
C						12c			
d					. -				
	negative amount)	·	_			12d			
54 (1996)	Will the minimum funding amount reported on line 12d be m		e?				Yes	No	N/A
- 1000000000000000000000000000000000000	t VII Plan Terminations and Transfers of As								
13a	Has a resolution to terminate the plan been adopted during the							. LYes	X No
	If "Yes," enter the amount of any plan assets that reverted to					13a			
b	Were all the plan assets distributed to participants or benefit of the PBGC?	ciaries, transferred to an	other plan, or brought t	ınder th	e con	trol		Πyes	X No
С	If during this plan year, any assets or liabilities were transfer		ther plan(s), identify th	e plan(s) to	•			الشيا
	which assets or liabilities were transferred. (See instructions	.)		1			-		
	13c(1) Name of plan(s):	SCHNEI	DER & BROWN CO	\ E	13 A	3c(2) E	IN(s)	13c(3)PN(s)
	CICKIO DETIID		Cooper Road - Suit		L.				
	SIGN & RETUR		ncinnati, Ohio 452					·····	
			none: (513) 984-61(AX: (513) 984-610						
Caut	cion: A penalty for the late or incomplete filing of this retur			_	is es	tablisl	ned.		
	er penalties of perjury and other penalties set forth in the instru								
	r Schedule MB completed and signed by an enrolled actuary, a f, it is true, correof and complete.	as well as the electronic	version of this return/re	port, ai	nd to t	he bes	t of my kn	owledge an	d
546,000 A	/ Well a laster	19-28-	// DALE FURTW	NGLE	 R				
A 1992 PM	RE Signature/of plan administrator	Date	Enter name of in			ina as	plan admir	nistrator	
1100	ON Wall be Vanto	19-28					,		
FIG. 041843	RE Signature of employer/plan sponsor	Date	Enter name of i			ing as	emplover	or plan spoi	nsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

v.092308.1

reliabilit beliefit Gualanty Guipolation	► File as an attachment to F	orm 5500	or 5500-S	F.		
For calendar plan year 2010 or fiscal plan y	ear beginning 01/01/2010		and en	ding 1	.2/31/2	010
► Round off amounts to nearest dollar.						
Caution: A penalty of \$1,000 will be ass	sessed for late filing of this report unless rea	sonable ca	use is esta			
A Name of plan				B Three-o		
A-PEELING FUND RAISING,	INC. DEFINED BENEFIT PLAN		ļ.	plan nu	mber (PN	001
				B -		
C Plan sponsor's name as shown on line 2	a of Form 5500 or 5500-EZ			, -		cation Number (EIN)
A-PEELING FUND RAISING,	INC.			31-14	87886	
E Type of plan: X Single Mu	ultiple-A Multiple-B F Prior y	ear plan siz	ze: X 100	or fewer	101-5	00 More than 500
Part I Basic Information				•		
1 Enter the valuation date:	Month 01 Day 01	Year	2010			
2						
2 Assets:					2a	1,020,513
a Market value		• • • • •			2b	1,020,513
		• • • • •		har of partici		(2) Funding Target
3 Funding target/participant count break		3a	(1) Nun	nber of partici 1	parits	31,758
• •	iciaries receiving payment	3b	<u> </u>	1		48,986
b For terminated vested participants	3	30		<u></u>	809858888 848	40,500
C For active participants:		20/4)	1		-	0
• •		3c(1)	-		_	1,009,483
		3c(2)	10.000.000	-		
		3c(3)		<u>1</u>		1,009,483 1,090,227
		3d		3	98566 28234	1,090,227
4 If the plan is at-risk, check the box an			•••		4a	
a Funding target disregarding preso	ssumptions, but disregarding transition rule				-Tu	
	itive years and disregarding loading factor	or plans th	at Have be	:611	4b	
					5	6.65
					6	0
		<u></u>			0	
Statement by Enrolled Actuary To the best of my knowledge, the information supplied	in this schedule and accompanying schedules, statements and attac	hments, if any, is	complete and a	accurate. Each presi	ibed assumptio	n was applied in
accordance with applicable law and regulations. In my	in this schedule and accompanying schedules, statements and altac opion, each other assumption is reasonable (laking into account the prience under the plan	experience of the	plan and reaso	nable expectations)	and such other	assumptions, in
SIGN	10///					
HERE MINISTER	XMelle				09/22	/2011
Si	gnature of actuary				D	ate
Charles W. Schneider					11-0	2627
Type	or print name of actuary			Most re	ecent enr	oliment number
Schneider & Brown Co.,EA	A			(513)	984-6	100
	Firm name			Telephone no	umber (in	cluding area code)
4520 Cooper Rd Ste 203						
-						
US Cincinnati	ОН 45242					
	ddress of the firm					
If the actuary has not fully reflected any reg	ulation or ruling promulgated under the statu	te in compl	eting this	schedule, che	eck the bo	x and see
instructions						
For Paperwork Reduction Act Notice and OMB	Control Numbers, see the instructions for Form	5500 or 550	00-SF.			Schedule SB (Form 5500) 2010

Pa	rt II Beginning of year carryover a	nd prefunding balances					****		
10.50	· · · · · · · · · · · · · · · · · · ·		(a)	Carryover balance	(b) Pr	b) Prefunding balance			
7	Balance at beginning of prior year after applicable adjustments (item 13 from prior						•		
•	year)	•		0				0	
	Portion used to offset prior year's funding			0				0	
	Amount remaining (item 7 minus item 8)								
	Interest on item 9 using prior year's actual			0		0			
	Prior year's excess contributions to be ad								
1 1	a Excess contributions (item 38 from pri		1,	167					
	b Interest on (a) using prior year's effect							71	
	c Total available at beginning of current					1,238			
	d Portion of item (c) to be added to prefu		3898333593					0	
12	Reduction in balances due to elections or			0				0	
	Balance at beginning of current year (iter			0				0	
_	art III Funding percentages			· · · · · · · · · · · · · · · · · · ·					
	Funding target attainment percentage					. 14	93.49	%	
_	Adjusted funding target attainment percer						93.49	%	
	Prior year's funding percentage for purpo								
	current year's funding requirement					. 16	78.17	%	
17	If the current value of the assets of the pl	an is less than 70 percent of the fun	ding target, enter s	such percentage		. 17		%	
	art IV Contributions and liquidity		Manager Manage						
	Contributions made to the plan for the the		loyees:						
	(a) Date (b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	unt paid by		
(1)	MM-DD-YYYY) employer(s)	employees	(MM-DD-YYYY)	employer(s)		èmpl	oyees		
01	/15/2010 30,0	000							
						:			
_									
						,			
			Totals ► 18(b)		,000 1	8(c)			
19	Discounted employer contributions see	e instructions for small plan with a va	luation date after t	he beginning of the year	:				
	a Contributions allocated toward unpaid	i minimum required contribution fron	n prior years		19a			0	
	b Contributions made to avoid restriction	ns adjusted to valuation date			19b			0	
	c Contributions allocated toward minimum re-	quired contribution for current year adjuste	ed to valuation date		19c	CONTRACTOR OF BUILDINGS (See	29	, 838	
20	Quarterly contributions and liquidity shor	tfall(s):			15 d 16 d 16 d				
	a Did the plan have a "funding shortfall"					. XYes	□No		
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? x Yes No								
_	c If 20a is "Yes," see instructions and c	omplete the following table as applic	able:		1				
_		Liquidity shortfall as of e	end of Quarter of th		ı	4th			
	(1) 1st	(2) 2nd	(3) 3rd	(3) 3rd (4)					

Part V Assumpt	ions used to determine fu	unding target and target norm	nal cost		
21 Discount rate:			0-1		
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used
•	5.03 %	6.73 %	6.82 %		
b Applicable month	(enter code)			21b	4
22 Weighted average				22	65
23 Mortality table(s)	(see instructions) X F	Prescribed combined	Prescribed separate	s	ubstitute
	ineous items				
24 Has a change bee	en made in the non-prescribe	d actuarial assumptions for the cu	rrent plan year? If "Yes," se	e inst	ructions regarding required
attachment					Yes X No
25 Has a method cha	ange been made for the curre	nt plan year? If "Yes," see instruc	tions regarding required atta	chm	ent Yes 🕱 No
26 Is the plan require	ed to provide a Schedule of A	ctive Participants? If "Yes," see in	structions regarding required	d atta	chment X Yes No
27 If the plan is eligib	ole for (and is using) alternativ	e funding rules, enter applicable	code and see instructions		
regarding attachn	nent			27	
Part VII Reconc	iliation of unpaid minimu	m required contributions for	prior years		
28 Unpaid minimum	required contribution for all pr	ior years		28	0
29 Discounted emple	oyer contributions allocated to	ward unpaid minimum required co	ontributions from prior years		
(item 19a)				29	0
30 Remaining amou	nt of unpaid minimum require	d contributions (item 28 minus iter	n 29)	30	0
Part VIII Minimu	m required contribution f	or current year			
31 Target normal co	st, adjusted, if applicable (see	instructions)		31	0
32 Amortization insta	allments:		Outstanding Balance		Installment
a Net shortfall amo	rtization installment		27,	343	7,729
				0	0
33 If a waiver has be	een approved for this plan vea	ar, enter the date of the ruling lette	er granting the approval		
(Month	Dav Yea			33	0
	uirement before reflecting car	ryover/prefunding balances			
		<u> </u>		34	7,729
111011101		Carryover balance	Prefunding Balance		Total balance
35 Balances used to	offset funding requirement				
36 Additional cash r	36	7,729			
		red contribution for current year a			
		<u> </u>		37	29,838
		38	22,109		
		ent year (excess, if any, of item 3		39	
		ears		40	

A- PEELING FUND RAISING, INC. DEFINED BENEFIT PENSION PLAN

For the Plan Year Ending 12/31/2010

Summary of Plan Specifications

Dates

Effective Date January 1, 1997

Plan Year January 1, 2010 to December 31, 2010

Valuation Date January 1, 2010

Eligibility

Age 21 Service 1 year Hours 1000 hours

Entry Dates Beginning of half year Excluded Plan Frozen: Sept. 30, 2005.

Retirement

Normal Retirement Age 65.0 and 5 years of participation

Normal Retirement Date Normal retirement age

Vesting	Primary	Secondary	Top Heavy
Service Credit	Elapsed time	None	Plan years
Schedule	2-20		2-20

Compensation

Maximum for plan \$245,000 Average period 3 years Top heavy average 3 years

Benefit Formula

Retirement Benefit 10.000% of avg. comp. per year

limited to 10 years

Accrual Unit accrual per formula

Accrual years Participation excluding service before 01/01/1997

Other Benefits

Death Benefit Present value of accrued benefit

Disability Benefit None

A- PEELING FUND RAISING, INC. DEFINED BENEFIT PENSION PLAN

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2010 to 12/31/2010 Valuation Date: 1/1/2010

	For PPA Funding	<u>For 417(e)</u>	For Actuarial Equiv.	
Interest Rates	Segment 1 5.03%	Segment 1 3.60%	Pre-Retirement 6.00%	
Segment 2 6.73%		Segment 2 5.31%	Post-Retirement 6.00%	
	Segment 3 6.82%	Segment 3 5.47%		
Pre-Retirement				
Turnover	None	None	None	
Mortality	None	None	None	
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	
Post-Retirement				
Mortality Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs		2010 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 Projetd to 2002 scale AA 50%M/50%F	
Assumed Benefit Form l	For Funding	Lump Sum		
Calculated Effective Inte	erest Rate	6.65%		

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

A-Peeling Fund Raising, Inc. Defined Benefit Plan EIN: 31-1487886 PN:001

Attachment to 2010 Schedule SB, line 22 – Description of Weighted Average Retirement Age

The retirement age shown on item 22 is the average expected retirement age of all non-retired participants. Active and vested terminated participants are assumed to retire at the plan's normal retirement age. If actively employed and eligible for normal retirement, retirement is assumed at the end of the current year.

A-PEELING FUND RAISING, INC.

DEFINED BENEFIT PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2010 to 12/31/2010 Valuation Date: 1/1/2010

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	0	0	0	0	0	0	0	0	0
5-9	0	0	0	0	0	0	0	0	0	0	0	0
10-14	0	0	0	0	0	0	0	0	0	1	0	1
15-19	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	1	0	1

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age: 67.0 Average Service: 13

Attachment to 2010 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 31-1487886 PN: 001

A- PEELING FUND RAISING, INC. DEFINED BENEFIT PENSION PLAN

Shortfall Amortization Valuation Date: January 1, 2010

	Number of Future	·	Value of Future
<u>Year</u>	<u>Installments</u>	<u>Installment</u>	Installments
(a) Six Years Prior	1	\$0	\$Q
(b) Five Years Prior	2	\$0	\$ d
(c) Four Years Prior	3	\$0	\$d
(d) Three Years Prior	4	\$0	\$d
(e) Two Years Prior	5	\$0	\$0
(f) One Year Prior	6	\$27,465	\$144,618
(g) Current Plan Year	. 7	<u>\$(19,736)</u>	<u>\$(117,275)</u>
(h) Total		\$7,729	\$27,343