## 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1,000		
		dentification Information						
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010		
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
	This return/report is for:	first return/report						
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program		
		special extension (enter description	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation					
	Name of plan				1b	Three-digit		
	THETIC MATERIALS 401K PLA	AN				plan number 001		
						(PN) ▶		
					1C	Effective date of plan 07/01/1999		
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number		
	THETIC MATERIALS	coo (employor, ii lor emigle employor	piani			(EIN) 65-0574198		
6000	BROWNSBORO PARK BLVD	SHITE E			2c	C Plan sponsor's telephone numbe 502-895-2810		
	SVILLE, KY 40207	SOILE			24	Business code (see instructions)		
					Zu	327400		
3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN		
SYN	THETIC MATERIALS	LOUISVILLE		PÁRK BLVD SUITE F 7	20	65-0574198		
					30	Administrator's telephone number 502-895-2810		
		an sponsor has changed since the la		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	DNI		
-5a	Total number of participants a	t the beginning of the plan year			5a	66		
b		t the end of the plan year				116		
C		rith account balances as of the end o			5b	110		
	• • •			•	5c	48		
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No		
b	Are you claiming a waiver of t	he annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	X Yes ☐ No		
				ions.)SF and must instead use Form 55				
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55	<del>00.</del>			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
-	Total plan assets		. 7a	663302	2	1059270		
b	. o.a. p.a accost							
С	•	7b from line 7a)		663302	2	1059270		
8	Income, Expenses, and Trans			(a) Amount		(b) Total		
а	Contributions received or rece					(2) 10101		
	(1) Employers		. 8a(1)	127400				
	(2) Participants		. 8a(2)	171286				
	(3) Others (including rollovers	5)	. 8a(3)	9822				
b	` '			1	400700			
C	, , ,	8a(2), 8a(3), and 8b)	. 8с			433702		
d		rollovers and insurance premiums	8d	37394	ļ.			
е		tive distributions (see instructions)	8e					
f	Administrative service provide	rs (salaries, fees, commissions)	8f	340	)			
g	Other expenses		. 8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			37734		
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			395968		
i		ee instructions)						

	Form 5500-SF 2010 Page <b>2-</b>						
ar	rt IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	aracteris	stic Co	des in	the instruc	tions:	
	2E 2F 2G 2J 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	ractorio	tic Co	tos in t	ho instruct	ione:	
D	in the plant provides werrare benefits, effect the applicable werrare fleature codes from the List of Frant Cha	iaciens	iic Coc	ies iii t	ne msnuci	10115.	
art	t V Compliance Questions						
0	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			Χ			
	on line 10a.)	10b		X			
С		10c		^	<u> </u>		
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				20076
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			
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))					Yes	× No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					ш	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr						
If ·	granting the waiverMo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day <sub>-</sub>		Year	
	Enter the minimum required contribution for this plan year		Γ	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 (enter a minus sign to the le			_			
ŭ	negative amount)			12d	<u></u>		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3а	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 brough	t under	the co	ntrol		Пуеѕ	X No

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

c 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):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	10/06/2011	STEVEN FULTON
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).

▶ 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

Pa	rt I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning $01/01/2010$		а	nd en	ding 1	2/31/2010	0	
A B C	This return/report is for:  Th	report ear retur	n/report (		nployer)	s) DFVC program	plan	
Pa	Int II Basic Plan Information - enter all requested information							
	Name of plan			1b	Three-digit			
	NTHETIC MATERIALS 401K PLAN				plan number (	PN)	001	
01				1c	Effective date 07/0	of plan 1/1999		
	Plan sponsor's name and address (employer, if for single-employer plan) NTHETIC MATERIALS			2b	Employer Ider	ntification Numbe	er (EIN)	
<b>D</b> ±	141111110 11111111111111111111111111111			2c		s telephone numl	ber	
60	09 BROWNSBORO PARK BLVD SUITE F					895-2810		
				2d		e (see instruction	s)	
LO	UISVILLE KY 40207				3274	a popular land	,	
3a	Plan administrator's name and address (If same as Plan sponsor, enter "Same	")		3b	Administrator'			
SA	ME			3c	Administrator'	's telephone num	ber	
4								
	f the name and/or EIN of the plan sponsor has changed since the last return/rep			4b	EIN			
þ	olan, enter the name, EIN, and the plan number from the last return/report. S	ponsor's	name	4c	DNI			
				40	LIN			
5a	Total number of participants at the beginning of the plan year			5a		66		
b	Total number of participants at the end of the plan year			5b				
C	Total number of participants with account balances as of the end of the plan y							
	benefit plans do not complete this item)			5с		48		
6a	Were all of the plan's assets during the plan year invested in eligible assets? (S	See instr	uctions.)			X Yes	No	
b	Are you claiming a waiver of the annual examination and report of an independ						_	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of	condition	s.)			X Yes	No No	
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-Sl	F and m	ust inste	ad us	e Form 5500.			
Pa	ert III Financial Information							
7	Plan Assets and Liabilities	14 H.	(a) Be		ng of Year	(b) End o		
a	Total plan assets	7a		6	63,302	1,	059,270	
a	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c			63,302		059,270	
8	Income, Expenses, and Transfers for this Plan Year		(	a) Am	ount	(b) To	tal	
a	Contributions received or receivable from:			1	07 400			
	(1) Employers				27,400			
	(2) Others (including self-cond)	8a(2)			71,286			
h	(3) Others (including rollovers) SEE STATEMENT 1	8a(3)		1	9,822			
	Other income (loss) SEE STATEMENT 2  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b		gi ed b	25,194		433,702	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	ACTOR SERVICE		37,394	STATEME		
е	Certain deemed and/or corrective distributions (see instructions)	8e			J 1 1 J J 4	DIALBER	.,1 3	
f	Administrative service providers (salaries, fees, commissions)	8f			340	STATEME	NT 4	
g	Other expenses	8g			010			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					The second secon	37,734	
i	Net income (loss) (subtract line 8h from line 8c)	8i					395,968	
j	Transfers to (from) the plan (see instructions)							

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Part IV	Plan Characteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D

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

Par	t V Compliance Questions						
10	During the plan year:			Yes	No	Amount	
-	Was there a failure to transmit to the plan any participant of	contributions within the ti	me period described	100	110	71110411	
_	in 29 CFR 2510.3-102? (See instructions and DOL's V				Х		
b	Were there any nonexempt transactions with any p						
					Х		
	Was the plan covered by a fidelity bond?				X		
	Did the plan have a loss, whether or not reimbursed						
-					x		
6	Were any fees or commissions paid to any brokers,						
C	carrier, insurance service or other organization that						
	_				х		
f	the plan? (See instructions.)				X		
	Has the plan failed to provide any benefit when due				Λ		20,076
-	Did the plan have any participant loans? (If "Yes,"			Λ			20,010
n	If this is an individual account plan, was there a bla				77		
	and 29 CFR 2520.101-3.)				Х		
ı	If 10h was answered "Yes," check the box if you ei		an and a second		37		
Day	of the exceptions to providing the notice applied up	nder 29 CFR 2520.101	-3 <b>10i</b>		X		
Par							
11	Is this a defined benefit plan subject to minimum fu					Пу	X No
12	Schedule SB (Form 5500))					Yes	A NO
	Is this a defined contribution plan subject to the mi	5 1				$\Box_{\mathcal{M}}$	X No
	section 302 of ERISA? (If "Yes," complete 12a or 1						
а	If a waiver of the minimum funding standard for a p						
	ruling granting the waiver.				у	Year	
	you completed line 12a, complete lines 3, 9, and						
	Enter the minimum required contribution for this pla				12b		
_	Enter the amount contributed by the employer to the				12c		
a	Subtract the amount in line 12c from the amount in						
_	the left of a negative amount)				12d	П.,	
	Will the minimum funding amount reported on line to the minimum funding amount reported on the minim		ding deadline?		.   Ye	es No	N/A
	N. HILLSON.	·				П.,	77
ısa	Has a resolution to terminate the plan been adopte					Yes	X No
	If "Yes," enter the amount of any plan assets that r				13a		
b	Were all the plan assets distributed to participants			•		Π	<b></b>
	under the control of the PBGC?						X No
С	If during this plan year, any assets or liabilities were	e transferred from this	plan to another plan(s), ident	ify the	plan(s)	to which assets o	r
	liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):			13c(2)	EIN(s)	13c(3	) PN(s)
	ion: A penalty for the late or incomplete filing of						
	enalties of perjury and other penalties set forth in the instructions, I or by an enrolled actuary, as well as the electronic version of this return.					or Schedule MB complet	ed and
48.83				-			
SIGN		10/3/2011	STEVEN FULTON				
HER	Signature of plan administrator	Date	Enter name of individual sign	ning as	s plan a	dministrator	
	-			3 4			
SIGN							
HER	Signature of employer/plan sponsor	Date	Enter name of individual sig	ning as	s emplo	ver or plan spons	or