	Form 5500-SF		Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	nyanya Sanyian						
Er	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee 2009 Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the This Form is Open to P Internal Revenue Code (the Code). This Form is Open to P							с
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Ins	pection	
-		entification Information			10/04/	2000		
	calendar plan year 2009 or fisca			g	12/31/	_		—
	This return/report is for:		•	mployer plan (not multiemployer)		one-participa	nt plan	
B	This return/report is for:		final retur	•				
-				year return/report (less than 12 mo	onths)			
C	Check box if filing under:			extension		DFVC progra	n	
		special extension (enter descriptio	-					
		nation—enter all requested informa	ation		16	Three digit		
	Name of plan THETIC MATERIALS 401K PLA	N				Three-digit plan number		
•						(PN) ▶	001	
					1c	Effective date of 07/01/1		
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identif (EIN) 65-0574		
6009	BROWNSBORO PARK BLVD	SUITE F			2c	Plan sponsor's to 502-895		٢
LOUI	SVILLE, KY 40207				2d	Business code (s 327400	see instructions)	
	Plan administrator's name and THETIC MATERIALS		NSBORO	PARK BLVD SUITE F	3b	Administrator's E 65-0574		
		LOUISVILLE,	, KY 40207	7	3c	Administrator's t 502-895		۶r
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, Ein, and the plan humbe	r from the last return/report. Sponsor	r s name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a		5	54
b	Total number of participants at	the end of the plan year			5b		6	66
C	· · ·	th account balances as of the end of		· ·	5c		3	35
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes N	No
b	Are you claiming a waiver of th	e annual examination and report of a	an indepen	ident qualified public accountant (IC	PA)			No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	29755	9		66330)2
b	Total plan liabilities		7b					
C	Net plan assets (subtract line 7	b from line 7a)	7c	29755	9		66330)2
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal	
а	Contributions received or recei	vable from:	8a(1)	12449	6			
			8a(2)	15225	_			
			8a(3)		-			
b			8b	12985	3			
с	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				40660)5
d		ollovers and insurance premiums	8d	4085	0			
е	• •	ive distributions (see instructions)	8e					
f		s (salaries, fees, commissions)	8f	1	2			
g	Other expenses		8g					
h		Be, 8f, and 8g)	8h				4086	32
i	Net income (loss) (subtract line	8h from line 8c)	8i				36574	13
j	Transfers to (from) the plan (se	e instructions)	8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2-1

Part IV Plan Characteristics

- **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 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							
10	Du	ing the plan year:		Yes	No	1	Amoun	nt	
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)				x				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		x				
с	W	as the plan covered by a fidelity bond?	10c		Х				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		×				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	×					2451
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		x				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		x				
Part	VI	Pension Funding Compliance							
11									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. 								
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-				
b	Enter the minimum required contribution for this plan year								
С		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Wil	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?					Y	es X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
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.)									
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)							N(s)	
		· · · · · · · · · · · · · · · · · · ·							. /
							-		
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ISA is i	establi	ished	<u> </u>		
vaul	IVII.	A BELIARY IN THE REE OF THE THE TOTAL OF THE TERMINE OF THE TERMINE AS THE STREET THE TRANSPORTED THE TRANSPORT	וס טמע	100 10	voiauli	101100.			

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 corr	iplete.
---------------------------------------	---------

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

b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 297, 559 663, 302 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total (1) Employers 8a(1) 124,496 (2) Participants 8a(2) 152,256 (3) Others (including rollovers) 8a(3) 8b b Other income (loss) SEE STATEMENT 1 b Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 406,605 8d 40,850 STATEMENT 2 8e c Certain deemed and/or corrective distributions (see instructions) 8f 12 STATEMENT 3 g Other expenses 8g 40,862 40,862 h Total expenses (add lines 8d, 8e, 8f, and 8g) 40,862 40,862	F	Form 5500-SF	Short Form Annual Return/Rep Benefit Pla		Small E	mplo	yee	OMB N	os. 1210-0110 1210-0089	
Tenson sourd coverys Complete all entries in accordance with the instructions to the Form 5500-SF. to Public inspection Prant	Internal Revenue Service This form is required to be filed under sections 1 Retirement Income Security Act of 1974 (ERISA					A), and section 6058(a) of the				
Part II Annual Report Identification Information For calendar plan year 2009 or flocal plan year beginning 01/01/2009 and anding 12/31/2009 A This return/report is for: Diright employer plan (not multiemployer) one participant plan B This return/report in an amedia durin/report one participant plan B This return/report form thermine therm/report automatic extension DPVC program B This return/report genelal extension (retrer description) DPVC program 0011 Part III Basic Plan Information - enter all requested information 1 1 The return/report 0011 1 A Name of plan SYNTHETIC MATERIALS 401K PLAN 1 0 <t< td=""><td></td><td></td><td></td><td>he For</td><td>m 5500-SF.</td><td></td><td></td></t<>				he For	m 5500-SF.					
Increating plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 A This return/report is for: I single employer plan Instruction in the plan in the plan in the plan plan (plan the plan plan (plan the pl	-									
A This return/report is for: Is single-employer plan (not multipe-employer not	THE PLACEMENT		iscal plan year beginning 01/01/2009		a	nd end	ding 1	2/31/20	09	
B This return/report Instructurn/report Instructurn/report C Check box if filing under: An amended networkroped information Instructurn/report Part II Basic Plan Information - enter all requested information Ib Three-digit plan number (PN) 001 Ta Rame of plan SYNTHETIC MATERIALS 401K PLAN Ib Three-digit plan number (PN) 001 Ta Basic Plan Information - enter all requested information 07 / 01 / 19 99 24 Plan sponsor's name and address (employer, if for single-employer plan) 25 25 Deployer Identification Number (EIN) SYNTHETIC MATERIALS SUTTERIALS 20 Plan sponsor's name and address (frame as Plan sponsor, enter 'Same') 35 Administrator's telephone number SAME 3C Administrator's telephone number 3C Administrator's telephone number All the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the last return/report. Sponsor's name 4D EIN Sa Total number of participants at the beginning of the plan year 5a 5b 66 Sa In number of participants with account bial near estima indigendual dualified public accountant (ICPA) under 28 CFR 2230.104.467 (See Instructions.) Yes No Are wall of the plan's assets during the p				ployer p	lan (not m	ultiem	ployer)	one-participar	nt plan	
C Check box if filing under: Form 5558 utermatic extension DPVC program Part II Basic Plan Information - enter al requested information 1b Three-digit plan number (PN) 001 1a Name of plan SYNTHETIC MATERIALS 401K PLAN 1b Three-digit plan number (PN) 001 2a Flue sponsor's name and address (employer, if for single-employer plan) 557.057.41.98 2c Flue sponsor's tappioner (EN) SYNTHETIC MATERIALS 60.09 BROWNSBORO PARK BLVD SUITE F 2d Explored (edmitication Number (EN) LOUISVILLE KY 40207 3b Administrator's tappioner number SAME 3d Administrator's tappioner number 3d Administrator's talphone number Jan Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's talphone number Jan Plan eter the name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 6a Total number of participants at the beginning of the plan year 5a 5a 54 5b 66 Total number of participants at the od of the plan year 5a 5a 54 5b 66 5c 35	В			/report						
Part II Basic Plan Information - enter all requested information 16 16 17 10					rn/report (less th	an 12 month	s)		
[Part]] Basic Plan Information - enter all requested information 1a Name of plan SYNTHETIC MATERIALS 401K PLAN 1b Three-digit plan number (PN) 001 2a Plan sponsor's name and address (employer, if for single-employer plan) SYNTHETIC MATERIALS 2b Employer classificate or plan 07/101/1999 001 6009 BROWNSBORO PARK BLVD SUITE F 2d Business code (see instructions) 3d Plan administrator's name and address (if same as Plan sponsor, enter "Same") SAME 3b Administrator's RAME 3b Administrator's RAME 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's name 4b EIN 9a rout an umber of participants at the elgin ing of the plan year 5a 54 5a Total number of participants at the elgin year 5a 54 5a Were all of the plan systemation and report of an independent qualified public accountant (CPA) under 20 GF 2320.10447; (See instructions) 2f Yes No 5a Were all of the plan system of the annual examination and report of an independent qualified public accountant (CPA) under 20 GF 2320.10447; (See instructions on waker eligibility and conditions). Yes No 7a 2977,559 663,302 75 663,302 76 663,302 7a 1297,559 663,302 75 663,302 76 663,302 7a 1297,559 663,302	C	Check box if filing under:	Form 5558 automatic	extensio	n			DFVC program	n	
1a Name of plan 1b Threadigit plan number (FN) 001 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer loadification Number (EN) 001 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer loadification Number (EN) 001 2vm 2th		-								
SYNTHETIC MATERIALS 401K PLAN plan number (PN) ▶ 001 1c Effective date of plan 07/01/1999 1c Effective date of plan 07/01/1999 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 65-0574198 2c Plan sponsor's tame and address (if same as Plan sponsor, enter "Same") 2b Employer Identification Number (EIN) 65-0574198 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 3d Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3c Administrator's EIN 3d Plan address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 5a Total number of participants at the beginning of the plan year 5a 54 5b 66 5a Total number of participants at the beginning of the plan year 5a 54 5b 66 5a Were all of the plan 's assets during the plan year invested in eligible assets? (See instructions) X Yes No 5a Were all of the plan 's assets during the plan year invested in eligible assets? (See instructions) X Yes No 5a Total number of participants at the beginning of the plan sears? (See instructions) X Yes No 5a Were all of the plan 's assets during the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No 7b Agric assets and Liabilities 7a 297, 559 663, 302 7b All plan Assets a	Pa	Irt II Basic Plan In	formation - enter all requested information							
3 Finishing in the matrix matrix is a specific transfer of the plan year 10 Effective date of plan 3 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer identification Number (EIN) 5 00.9 BROWNSBORO PARK BLVD SUITE F 20 Employer identification Number (EIN) 10 UOUISVILLE KY 40207 3b Administrator's name and address (If same as Plan sponsor, enter "Same") 3 A Plan administrator's name and address (If same as Plan sponsor, enter "Same") 3b Administrator's EIN 3 Fina daministrator's name and address (If same as Plan sponsor, enter "Same") 3b Administrator's EIN 3 Fina daministrator's name and address (If same as Plan sponsor, enter "Same") 3b Administrator's EIN 3 Fina daministrator's name and address (If same as Plan sponsor, enter "Same") 3c Administrator's EIN 3 Total number of participants at the beginning of the plan year 5a 54 5b 5 Total number of participants at the beginning of the plan year invested in eligible assets? (See instructions.) Yes Ne 6 Wore all of the plan's search outry the plan search outry in the plan term treated in eligible assets? (See instructions.) Yes Ne 6 More all of the plan's asset (buff of the fa' of Sh, the plan campt weed fo' to conther S asset (subtr										
2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer identification Number (EIN) 23 Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer identification Number (EIN) 60.09 BROWNSBORO PARK BLVD SUITE F 2C Plan sponsor's telephone number LOUISVILLE KY 40207 327400 3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same') 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 54 5a 5d 66 5b 66 5a 5d 35 66 6a Were all of the plan year invested in eligible assets? (See instructions.) Xere No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 CFI 2520.104-46? (See instructions on waiver eligibility and conditions.) Xere No 4 Hyou ansests 7a 2977, 559 663, 30.02	SY	NTHETIC MATERI	ALS 401K PLAN				olan number ((PN)	001	
SYNTHETIC MATERIALS 65-0574198 6009 BROWNSBORO PARK BLVD SUITE F 2C Plan sponsor's telephone number 10UISVILLE KY 40207 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 3AME 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3c Administrator's telephone number 4 of the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's name 5a 5d 5d <						1c				
6009 BROWNSBORO PARK BLVD SUITE F 502-695-2810 LOUISVILLE KY 40207 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 54 5a Total number of participants at the ord of the plan year 5a 66 5a Total number of participants at the ord of the plan year 5a 54 5a Total number of participants at the ord of the plan year 5a 66 5a Total number of participants at the ord of the plan year 5a 66 5a Total number of participants at the ord of the plan year invested in eligible assets? (Bee instructions.) INe b Are you claiming a valuer of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) INe Hou assets and Lubilities 7a 297, 559 663, 302 6 Dotal plan assets (a) Amount 7a Cap7, 559 663, 302 7b 297, 559 663, 302 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: <t< td=""><td></td><td></td><td></td><td></td><td></td><td>2b </td><td></td><td></td><td>ber (EIN)</td></t<>						2b			ber (EIN)	
LOUISVILLE KY 40207 327400 3a Plan administrator's name and address (If same as Plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 54 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes [] No Hyou answerd "Nor" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xes [] No Hyou answerd "Nor" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xes [] No Hyou answerd "Nor" transfers for this Plan Year (a) Beginning of Year (b) End of Year 7a 297, 559 663, 302 7b 7c 297, 559 663, 302 7b Total plan assets 7a (297, 559 663, 302 7b 7c 297, 559 663, 302 7b Total plan labilities 7a (297, 559 663, 302 7b 7c 297, 559 663, 302 7c Total number (edd lines 8ad1), 8ad(3, and 8b) 8a(3) 122, 496	60	09 BROWNSBORO	PARK BLVD SUITE F			2c				
SAME 3C Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 54 5 Total number of participants at the end of the plan year 5a 54 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.) M Yes No 7 Plan Assets and Llabilities (a) Beginning of Year (b) End of Year 7 Total plan liabilities 7a 297, 559 663, 302 6 Not plan assets (subtract line 7b from line 7a) 7c 297, 559 663, 302 7 Total plan liabilities (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: (b) 122, 256 8a(3) (b) Other income (loss) SEE STATEMENT 1 8b 129, 853	LO	UISVILLE	KY 40207			2d			ons)	
SAME 3C Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 54 5 Total number of participants at the end of the plan year 5a 66 C Total number of participants at the end of the plan year 5a 5 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.) M Yes No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Total plan liabilities 7a 297,559 663,302 7 Total plan isabilities 7a 297,559 663,302 7 Total plan assets 7a 297,559 663,302 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) End of Year 9 Other income (loss) SEE STATEMENT 1 8b 129,853 8a (1) 124,496 (8a (3) (8a (3) (7a (3a	Plan administrator's name	and address (If same as Plan sponsor, enter "Sam	e")		3b ,	Administrator	's EIN		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 54 5b 66 b Total number of participants at the end of the plan year 5a 5d 66 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (UCPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Xes No Part III Financial Information Xes Xes No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Plan Assets and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: Ba(1) 124 4.966 (3) Others (including rollovers) SEE STATTEMENT 1 Ba 297 , 559<										
The number of halo fails of the plan number from the last return/report. Sponsor's name fails fails fails fails <t< td=""><td></td><td></td><td></td><td></td><td></td><td colspan="5">3c Administrator's telephone number</td></t<>						3c Administrator's telephone number				
4c PN 5a Total number of participants at the beginning of the plan year 5a 54 b Total number of participants at the end of the plan year 5b 66 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Xes No Hyou answered "No" to either Ga or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan iabilities 7a 2.97 , 55.9 663 , 30.2 b Total number of provers Ba(1) 1.24 , 4.96 8a(2) 1.52 , 2.56 a Contributions received or receivable from: 8a(1) 1.24 , 4.96 8a(2) 52 , 2.56 (a) Others (including rollovers) SEE STATEMENT 1 8a(1) 1.24 ,	4 1	f the name and/or EIN of the	plan sponsor has changed since the last return/re	port file	d for this	4b	EIN			
5a Total number of participants at the beginning of the plan year 5a 54 b Total number of participants at the end of the plan year 5b 66 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xest No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.) Xest No H you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year c Not plan assets (subtract line 7b from line 7a) 7c 2.97, 5.59 6.63, 3.02 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 1.24, 4.96 (2) Participants Ba(2) 1.52, 2.56 3b (3) Others (including rollovers) Ba(2) 8a(3) 20.6, 6.	F	blan, enter the name, EIN, ar	d the plan number from the last return/report.	Sponsor'	s name					
Order Number of participants at the end of the plan year 50 66 b Total number of participants at the end of the plan year 50 66 c Total number of participants at the end of the plan year 50 66 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) Xes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xes No 7 Plan Assets and Liabilities 7a 2.97, 55.9 66.3, 30.2 b Total plan liabilities 7a 2.97, 55.9 66.3, 30.2 c Not plan assets (subtract line 7b from line 7a) 7c 2.97, 55.9 66.3, 30.2 c Not plan assets for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers (2) Participants						4c	PN			
Order Number of participants at the end of the plan year 50 66 b Total number of participants at the end of the plan year 50 66 c Total number of participants at the end of the plan year 50 66 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) Xes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Xes No 7 Plan Assets and Liabilities 7a 2.97, 55.9 66.3, 30.2 b Total plan liabilities 7a 2.97, 55.9 66.3, 30.2 c Not plan assets (subtract line 7b from line 7a) 7c 2.97, 55.9 66.3, 30.2 c Not plan assets for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers (2) Participants								F 4		
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 35 Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Xes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.) Xes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan liabilities 7a 297,559 663,302 b Total plan assets (subtract line 7b from line 7a) 7c 297,559 663,302 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers (a) Amount (b) Total a Contributions received or correctivable from: 8a(1) 124,496 36 406,605 (3) Others (including rollovers) SEE STATEMENT 1 8b 129,853 406,605										
benefit plans do not complete this item) 5c 35 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and conditions.) X yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan labilities 7a 297, 559 663, 302 b Total plan labilities 7b 7c 297, 559 663, 302 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or corrective distributions (see instructions) 8a(1) 124, 496 (a) Others (including rollovers) 8a(3) 33 33 b Other income (loss) SEE STATEMENT 1 8a(3) 406, 605 d Additing rollo						50		60		
Dottom place interview Weal of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No H you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 297,559 663,302 b Total plan isabilities 7b	U					5.0		35		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Image: Control of Contro of Contro of Contrective distributions (see instructions)	6.									
In the formation of the second sec								······································		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 2.97, 559 6.63, 3.02 b Total plan assets (subtract line 7b from line 7a) 7c 2.97, 559 6.63, 3.02 c Net plan assets (subtract line 7b from line 7a) 7c 2.97, 559 6.63, 3.02 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total (1) Employers 8a(1) 1.24, 4.9.6 8a(2) 1.52, 2.5.6 (3) Others (including rollovers) 8a(3) 8a(3) 40.6, 60.5 b Other income (loss) SEE STATEMENT 1 8b 1.29, 85.3 c Certain deemed and/or corrective distributions (see instructions) 8c 40.6, 60.5 c Be fills paid (including direct rollovers and insurance premisms to provide benefits) 8d 4.0, 8.62 g Other expenses 8g 5TATEMENT 3 36 </td <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X v</td> <td></td>	5							X v		
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a297,559663,302bTotal plan liabilities7b										
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 2.97,559 6.63,302 b Total plan liabilities 7b 7c 2.97,559 6.63,302 c Net plan assets (subtract line 7b from line 7a) 7c 2.97,559 6.63,302 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total (1) Employers 8a(1) 1.24,496 (2) Participants 8a(2) 1.52,256 (3) Other income (loss) SEE STATEMENT 1 8b 1.29,853 406,605 d 40,850 STATEMENT 2 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 1.2 g Other expenses 8g 40,862 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 40,862 i Net income (loss) (subtract line 8h from line 8c)	P			or und n	nuor more	uu uo				
aTotal plan assets7a297,559663,302bTotal plan liabilities7b7c297,559663,302cNet plan assets (subtract line 7b from line 7a)7c297,559663,3028Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)124,496(1) Employers8a(2)152,256(2) Participants8a(2)152,256(3) Others (including rollovers)8a129,853bOther income (loss)SEE STATEMENT 1b8b129,853cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8ccSTATEMENT 2eCertain deemed and/or corrective distributions (see instructions)8f12fAdministrative service providers (salaries, fees, commissions)8f12gOther expenses8g40,862hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h40,862iNet income (loss) (subtract line 8h from line 8c)8i40,862	1794 2290				(a) Be	ginnir	g of Year	(b) End	l of Year	
bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c297,559663,3028Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)8a(1)124,496bOther income (loss)SEESTATEMENT 18a(2)152,256bOther income (loss)SEESTATEMENT 18b129,853cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c406,605dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d40,850fAdministrative service providers (salaries, fees, commissions)8f122gOther expenses8g40,862hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h40,862iNet income (loss) (subtract line 8h from line 8c)8i40,862	а			7a		2	97,559		663,302	
CNet plan assets (subtract line 7b from line 7a)7c297,559663,3028Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)124,496 (8a(2))8a(1)124,496 (8a(2))bOthers (including rollovers)8a(3)8a(3)cTotal income (loss)SEE STATEMENT 1 (B) 129,8538b129,853dBenefits paid (including direct rollovers and insurance premiums to provide benefits) (B) Certain deemed and/or corrective distributions (see instructions)8e406,605fAdministrative service providers (salaries, fees, commissions) (g) Other expenses8f12STATEMENT 3gOther expenses (add lines 8d, 8e, 8f, and 8g) (i Net income (loss) (subtract line 8h from line 8c)8h40,862iNet income (loss) (subtract line 8h from line 8c)8i365,743	b			_						
a Contributions received or receivable from: 124,496 (1) Employers 8a(1) 124,496 (2) Participants 8a(2) 152,256 (3) Others (including rollovers) 8a(3) b Other income (loss) SEE STATEMENT 1 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 129,853 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 406,605 8d 40,850 STATEMENT 2 8e 8d 40,850 9 Other expenses 8f 12 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 40,862 i Net income (loss) (subtract line 8h from line 8c) 8i 40,862	C					2	97,559		663,302	
(1) EmployersBa(1)124,496(2) ParticipantsBa(2)152,256(3) Others (including rollovers)Ba(3) b Other income (loss)SEE STATEMENT 1 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)Benefits paid (including direct rollovers and insurance premiums to provide benefits) d Benefits paid (including direct rollovers and insurance premiums to provide benefits)Be f Administrative service providers (salaries, fees, commissions)Be g Other expensesBg h Total expenses (add lines 8d, 8e, 8f, and 8g)Ad 0, 862 i Net income (loss) (subtract line 8h from line 8c)Bh	8	Income, Expenses, and Tra	ansfers for this Plan Year			a) Am	ount	(b)	Total	
(2) Participants Ba(2) 152,256 (3) Others (including rollovers) Ba(3) (3) Other income (loss) SEE STATEMENT 1 (2) Participants Ba(2) (3) Others (including rollovers) Ba(3) (3) Other income (loss) SEE STATEMENT 1 (3) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bb (4) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Bc (7) Other expenses Bd (7) Other expenses Bf (8) Other expenses Bg (7) Other expenses (add lines 8d, 8e, 8f, and 8g) Bh (8) Net income (loss) (subtract line 8h from line 8c) Bi	a	Contributions received or r	receivable from:							
(3) Others (including rollovers) SEE STATEMENT 1 (3) Other income (loss) SEE STATEMENT 1 (3) Other income (loss) SEE STATEMENT 1 (4) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8b (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (7) Other expenses 8d (7) Other expenses 8f (7) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (8) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (9) Net income (loss) (subtract line 8h from line 8c) 8i		(1) Employers					- 1980 - 198			
b Other income (loss) SEE STATEMENT 1 8b 129,853 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 406,605 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 40,850 STATEMENT 2 e Certain deemed and/or corrective distributions (see instructions) 8e 8e 8e 8f 12 f Administrative service providers (salaries, fees, commissions) 8f 12 STATEMENT 3 g Other expenses 8g 40,862 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 40,862 i Net income (loss) (subtract line 8h from line 8c) 8i 365,743						1	52,256			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c)		(3) Others (including rollove		8a(3)		1	20 052			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 40,850 STATEMENT 2 e Certain deemed and/or corrective distributions (see instructions) 8e 8e 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 12 STATEMENT 3 g Other expenses 8g 8h 40,862 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 40,862 i Net income (loss) (subtract line 8h from line 8c) 8i 365,743						1	47,003		406 605	
e Certain deemed and/or corrective distributions (see instructions) 8e 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 12 STATEMENT 3 g Other expenses 8g 8g 40, 862 365, 743 i Net income (loss) (subtract line 8h from line 8c) 8i 365, 743					a anting one that?		40 850	STATEM		
f Administrative service providers (salaries, fees, commissions) 8f 12 STATEMENT 3 g Other expenses 8g 8g 40,862 i Net income (loss) (subtract line 8h from line 8c) 8i 365,743							10,000			
g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i							12	STATEM	ENT 3	
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 40, 862 i Net income (loss) (subtract line 8h from line 8c) 8i 365, 743			-							
i Net income (loss) (subtract line 8h from line 8c) 8i 365,743	-					i si an			40,862	
	i								365,743	
	j							antista dess la		

For Paperwork Reduction Act Notice and OMB Control Numbers, see instructions for Form 5500-SF. 918571 05-14-09

Page	2-	

Part IV Plan Characteristics

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 3D

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

Pa	t V Compliance Questions							
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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include							
	transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that							
	was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance							
	carrier, insurance service or other organization that provides some or all of the benefits under							
	the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			0 454	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				2,451	
h	If this is an individual account plan, was there a blackout period? (See instructions							
	and 29 CFR 2520.101-3.)	10h	L	X			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one							
10 mm	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	and the second		Heling en deren	
CAR SCOULD	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete							
12	Schedule SB (Form 5500))							
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						N	
_	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year							
14	ruling granting the waiver Month			у		Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to			12b				
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year			120 12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign			120				
u	the left of a negative amount)			12d				
P	Will the minimum funding amount reported on line 12d be met by the funding deadline?				/es	No	N/A	
	rt VII Plan Terminations and Transfers of Assets				03			
100000000000000000000000000000000000000	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought							
	under the control of the PBGC?		0			Yes	X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s),						-	
	liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 13c(2) EIN(s)							PN(s)	
Cau	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	ABU	10/11/2011	STEVEN FULTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
a finder for	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor