

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2010</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TULLY J. SAKEL DEFINED BENEFIT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>002</u>	1c Effective date of plan <u>01/01/2006</u>	
1b Three-digit plan number (PN) ►	<u>002</u>				
1c Effective date of plan <u>01/01/2006</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>TULLY J. SAKEL</u> <u>P.O. BOX 122</u> <u>HUNTINGBURG, IN 47542</u>	2b Employer Identification Number (EIN) <u>35-1673350</u>				
	2c Plan sponsor's telephone number <u>812-683-2359</u>				
	2d Business code (see instructions) <u>454390</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>TULLY J. SAKEL</u> <u>P.O. BOX 122</u> <u>HUNTINGBURG, IN 47542</u>	3b Administrator's EIN <u>35-1673350</u>				
	3c Administrator's telephone number <u>812-683-2359</u>				
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 <u>TULLY J. SAKEL</u>	4b EIN <u>41-0343440</u>				
	4c PN <u>002</u>				
5a Total number of participants at the beginning of the plan year	5a <u>3</u>				
b Total number of participants at the end of the plan year	5b <u>3</u>				
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				
6a Were all 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				

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">(a) Beginning of Year</th> <th style="text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a <u>266025</u></td> <td><u>361674</u></td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b <u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td>7c <u>266025</u></td> <td><u>361674</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a <u>266025</u>	<u>361674</u>	b Total plan liabilities	7b <u>0</u>	<u>0</u>	c Net plan assets (subtract line 7b from line 7a).....	7c <u>266025</u>	<u>361674</u>																														
	(a) Beginning of Year	(b) End of Year																																									
a Total plan assets	7a <u>266025</u>	<u>361674</u>																																									
b Total plan liabilities	7b <u>0</u>	<u>0</u>																																									
c Net plan assets (subtract line 7b from line 7a).....	7c <u>266025</u>	<u>361674</u>																																									
8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">(a) Amount</th> <th style="text-align: center;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1) <u>62000</u></td> <td></td> </tr> <tr> <td> (2) Participants</td> <td>8a(2)</td> <td></td> </tr> <tr> <td> (3) Others (including rollovers)</td> <td>8a(3)</td> <td></td> </tr> <tr> <td>b Other income (loss)</td> <td>8b <u>36058</u></td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td><u>98058</u></td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td> <td>8d</td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td>8e</td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td>8f <u>2409</u></td> <td></td> </tr> <tr> <td>g Other expenses</td> <td>8g</td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td> <td>8h</td> <td><u>2409</u></td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c)</td> <td>8i</td> <td><u>95649</u></td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	8a(1) <u>62000</u>		(2) Participants	8a(2)		(3) Others (including rollovers)	8a(3)		b Other income (loss)	8b <u>36058</u>		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u>98058</u>	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		e Certain deemed and/or corrective distributions (see instructions)	8e		f Administrative service providers (salaries, fees, commissions)	8f <u>2409</u>		g Other expenses	8g		h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	<u>2409</u>	i Net income (loss) (subtract line 8h from line 8c)	8i	<u>95649</u>	j Transfers to (from) the plan (see instructions)	8j	
	(a) Amount	(b) Total																																									
a Contributions received or receivable from:																																											
(1) Employers	8a(1) <u>62000</u>																																										
(2) Participants	8a(2)																																										
(3) Others (including rollovers)	8a(3)																																										
b Other income (loss)	8b <u>36058</u>																																										
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u>98058</u>																																									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d																																										
e Certain deemed and/or corrective distributions (see instructions)	8e																																										
f Administrative service providers (salaries, fees, commissions)	8f <u>2409</u>																																										
g Other expenses	8g																																										
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	<u>2409</u>																																									
i Net income (loss) (subtract line 8h from line 8c)	8i	<u>95649</u>																																									
j Transfers to (from) the plan (see instructions)	8j																																										

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:

1A 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 During the plan year:		Yes	No	Amount
a	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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?		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?		X	
e	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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)**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 _____**If 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.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**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):	13c(2) EIN(s)	13c(3) PN(s)

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 HERE	Filed with authorized/valid electronic signature.	10/13/2011	TAMARA FARMER
	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

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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>TULLY J. SAKEL DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TULLY J. SAKEL</u>	D Employer Identification Number (EIN) <u>35-1673350</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>263937</u>
b	Actuarial value 2b <u>263937</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>49319</u>
(2)	Vested benefits 3c(2) <u>200243</u>
(3)	Total active 3c(3) <u>3</u> <u>249562</u>
d	Total 3d <u>3</u> <u>249562</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.70</u> %
6	Target normal cost 6 <u>384</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	
Signature of actuary <u>ALBERT R. MINOR, JR., ASA, MSPA</u>	Date <u>11-02734</u>
Type or print name of actuary <u>AL MINOR & ASSOCIATES, INC.</u>	Most recent enrollment number <u>614-899-0636</u>
Firm name <u>283 SOUTH STATE STREET</u> <u>WESTERVILLE, OH 43081</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	16839
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	16839
10 Interest on item 9 using prior year's actual return of <u>5.05</u> %		850
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1934
b Interest on (a) using prior year's effective rate of <u>6.53</u> %		126
c Total available at beginning of current plan year to add to prefunding balance		2060
d Portion of (c) to be added to prefunding balance.....		2060
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	19749

Part III Funding percentages		
14 Funding target attainment percentage.....	14	97.84 %
15 Adjusted funding target attainment percentage.....	15	105.76 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/04/2011	4000		08/23/2011	29548	
03/04/2011	4000		09/15/2011	8452	
03/18/2011	4000				
04/19/2011	4000				
05/17/2011	4000				
07/22/2011	4000				
			Totals ►	18(b)	62000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	56209

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	384
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	384
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	384
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	56209
38 Interest-adjusted excess contributions for current year (see instructions).....	38	55825
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**Filing Authorization
for the 2010 Form 5500 / Form 5500-SF**

Name of Plan: Tully J. Sakel Defined Benefit Plan

EIN / PN: 41-0343440 / 002

Plan Year Ending: 12/31/2010

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Al Minor & Associates, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- I must manually sign and date page 1 of the Form 5500 and/or page 2 of Form 5500-SF and send a copy of pages 1 and 2 (keep the original filing for your records) to Al Minor & Associates, Inc. before the filing can be initiated;
- Al Minor & Associates, Inc. will retain a copy of this written authorization, along with the Form 5500 filing, in their records;
- Al Minor & Associates, Inc. will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS or PBGC regarding this annual return/report;
- A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 2 of Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure; and
- Al Minor & Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for plan year end stated above.

Plan Administrator, Sponsor or Employer: Tully J. Sakel

Date: X 10/11/11

PART II Acknowledgement of Receipt of Authorization

On behalf of Al Minor & Associates, Inc., I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST2 filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

Albert R Minor, Jr.
Albert R. Minor, Jr., EA, ASA, MSPA

10/07/11
Date

419-756-3961

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefits Quarterly Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4085 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. 1510-0110 1510-0089 2010 This Form Is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning		01/01/2010	and ending 12/31/2010
A This return/report is for:	☒ single-employer plan	☐ multiple-employer plan (not multiemployer)	☐ one-participant plan
B This return/report is for:	☐ first return/report	☐ final return/report	
	☐ an amended return/report	☐ short plan year return/report (less than 12 months)	
C Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan TULLY J. SAKEL DEFINED BENEFIT PLAN		1b Three-digit plan number (PN)	002
		1c Effective date of plan 01/01/2006	
2a Plan sponsor's name and address (employer, if for single-employer plan) TULLY J. SAKEL P.O. BOX 122 HUNTINGBURG IN 47542		2b Employer identification Number (EIN)	35-1673350
		2c Plan sponsor's telephone number (812) 683-2359	
		2d Business code (see instructions)	454390
		3b Administrator's EIN	
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") SAME		3c Administrator's telephone number	
		4b EIN 41-0343440	
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 TULLY J. SAKEL		4c PN	002
		5a Total number of participants at the beginning of the plan year	
5b Total number of participants at the end of the plan year		5a	3
5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5b	3
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No	
6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-45? (See instructions on waiver eligibility and conditions.)		☒ 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 assets	7a	266,025	361,674
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	266,025	361,674
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:	8a(1)	62,000	
(1) Employers	8a(2)		
(2) Participants	8a(3)		
(3) Others (including rollovers)	8b	36,058	98,058
b Other income (loss)	8c		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8d		2,409
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8e		
e Certain deemed and/or corrective distributions (see instructions)	8f	2,409	2,409
f Administrative service providers (salaries, fees, commissions)	8g		
g Other expenses	8h		95,649
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8i		
i Net income (loss) (subtract line 8h from line 8c)	8j		
j Transfers to (from) the plan (see instructions)			

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

Form 5500-SF (2010)
v.092348.1

419-756-3961

Form 5500-SF 2010

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:
 1A 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 During the plan year:

- a 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)
- b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)
- c Was the plan covered by a fidelity bond?
- d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- e 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.)
- f Has the plan failed to provide any benefit when due under the plan?
- g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)
- h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)
- 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.

	Yes	No	Amount
10a		X	
10b		X	
10c		X	
10d		X	
10e		X	
10f		X	
10g		X	
10h		X	
10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

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 _____

If 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.

c Enter the amount contributed by the employer to the plan for this plan year.

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)

12b	
12c	
12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. 13a

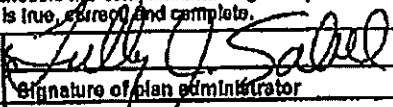
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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):	13c(2) EIN(s)	13c(3) PN(s)

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 HERE		10/11/11	Tully J. Sakel
	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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **Round off amounts to nearest dollar.**

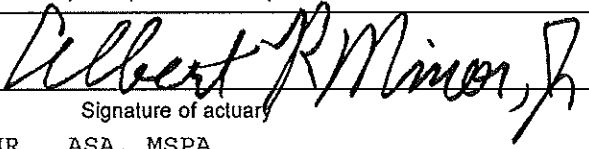
► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan TULLY J. SAKEL DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TULLY J. SAKEL	D Employer Identification Number (EIN) 35-1673350	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	263,937	
b Actuarial value.....	2b	263,937	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	0	0
b For terminated vested participants.....	3b	0	0
c For active participants:			
(1) Non-vested benefits.....	3c(1)		49,319
(2) Vested benefits.....	3c(2)		200,243
(3) Total active.....	3c(3)	3	249,562
d Total.....	3d	3	249,562
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....	5		6.70 %
6 Target normal cost.....	6		384

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>10-5-11</u> Date
ALBERT R. MINOR, JR., ASA, MSPA Type or print name of actuary		11-02734 Most recent enrollment number
AL MINOR & ASSOCIATES, INC. Firm name		(614) 899-0636 Telephone number (including area code)
283 SOUTH STATE STREET WESTERVILLE Address of the firm		
OH 43081		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	16,839
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	16,839
10 Interest on item 9 using prior year's actual return of <u>5.05</u> %		850
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,934
b Interest on (a) using prior year's effective rate of <u>6.53</u> %		126
c Total available at beginning of current plan year to add to prefunding balance		2,060
d Portion of (c) to be added to prefunding balance		2,060
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	19,749

Part III Funding percentages

14 Funding target attainment percentage	14	97.84 %
15 Adjusted funding target attainment percentage	15	105.76 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/04/2011	4,000		08/23/2011	29,548	
03/04/2011	4,000		09/15/2011	8,452	
03/18/2011	4,000				
04/19/2011	4,000				
05/17/2011	4,000				
07/22/2011	4,000				
Totals ▶			18(b)	62,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	56,209

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....		31	384
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....		34	384
		Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0	0
36 Additional cash requirement (item 34 minus item 35).....		36	384
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c).....		37	56,209
38 Interest-adjusted excess contributions for current year (see instructions).....		38	55,825
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....		39	0
40 Unpaid minimum required contribution for all years		40	0

Plan Name	TULLY J. SAKEL DEFINED BENEFIT PLAN
Plan Sponsor's Name	TULLY J. SAKEL

[illegible]

Attachment to 2010 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name <u>TULLY J. SAKEL DEFINED BENEFIT PLAN</u>	EIN: <u>35-1673350</u>
Plan Sponsor's Name <u>TULLY J. SAKEL</u>	PN: <u>002</u>

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2010 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name TULLY J. SAKEL DEFINED BENEFIT PLAN

EIN: 35-1673350

Plan Sponsor's Name TULLY J. SAKEL

PN: 002

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.
The probability of a lump sum distribution is 100%.

Attachment to 2010 Form 5500
Schedule SB, Part V - Summary of Plan Provisions

Plan Name TULLY J. SAKEL DEFINED BENEFIT PLAN

EIN: 35-1673350

Plan Sponsor's Name TULLY J. SAKEL

PN: 002

Summary:

Effective Date - January 1, 2006

Eligibility - An employee enters the plan on the January 1st or July 1st following age 21 and the completion of 1 year of service.

Normal Retirement Age - For plan years beginning on or before 2009, the Normal Retirement Age is the first of the month coinciding or next following age 58 and 5 Years of Participation. For plan years beginning after 2009, the Normal Retirement Age is the first of the month coinciding with or next following age 62.

Normal Retirement Benefit - A participant will be entitled to a pension payable at Normal Retirement Date equal 10% of his 3 year average monthly compensation (AMC) times years of participation up to 10 years. The Normal Retirement Benefit shall not exceed \$2,333.33.

Normal Form of Payment - A monthly pension for life

Death Benefit - If a participant dies, the beneficiary of such participant shall be entitled to receive a death benefit equal to the value of his vested accrued benefit as of the date of the participant's death.

Vesting Schedule - 6 Year Graded