P				Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service		Benefit	2011					
Department of Labor This form is required to be filed under sections 104 and 4065 of the Emplo Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).									
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	ins	pection		
		lentification Information			<u> </u>				
	calendar plan year 2011 or fisca				2/31/2				
Α -	This return/report is for:	X a single-employer plan	•	employer plan (not multiemployer)		a one-particip	oant plan		
B -	This return/report is:	the first return/report		eturn/report					
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths))			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m		
		special extension (enter descriptio	,						
-		nation—enter all requested informa	ation		41				
	Name of plan AINE BLAKEMAN PSC PROFI				10	Three-digit plan number			
TI DV	AINE DEAREMAN FOC FROM	T SHARING FLAN & TRUST				(PN)	001		
					1c	Effective date of	f plan		
					_	04/01			
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b		fication Number 39503		
745 9	CHERM ROAD	745 SCHERN			2c	Sponsor's telep 270-920			
	NSBORO, KY 42301	OWENSBOR		301	2d	Business code (62121			
	Plan administrator's name and AINE BLAKEMAN PSC	address (if same as plan sponsor, er 745 SCHERM	I ROAD		3b	Administrator's 61-09	EIN 39503		
		OWENSBOR	O, KY 423	01	3c	Administrator's 1 270-926	elephone number 6-9907		
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan numb Sponsor's name	per from the last return/report.			4c	PN			
	•	the beginning of the plan year			5a		5		
b	Total number of participants at	the end of the plan year		5b		0			
C Number of participants with account balances as of the end of the plan					50				
					5c		0		
6a		luring the plan year invested in eligibl					X Yes No		
b		ne annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No		
		er 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	1066676			0		
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7	/b from line 7a)	7c	1066676			0		
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal		
а	Contributions received or recei	vable from:	8a(1)						
			8a(2)						
)	8a(3)						
b	() ()	,	8b	-62408					
С	· · · ·	8a(2), 8a(3), and 8b)	8c				-62408		
d	Benefits paid (including direct i	rollovers and insurance premiums	8d	1004268					
е		ive distributions (see instructions)	8e						
f		rs (salaries, fees, commissions)	8f						
g	•		8g						
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h				1004268		
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				-1066676		
j	Transfers to (from) the plan (se	ee instructions)	8j						
_					_				

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

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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 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:				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)			Х					
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			х					
С	W	as the plan covered by a fidelity bond?	10c	Х				5	00000	
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
e	ins	ere 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 tructions.)	10e		x					
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Dic	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х					
Part	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Y	′es	X No	
12	ls t	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?	Y	'es	X 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. Month Day Year 									
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Ent	er the minimum required contribution for this plan year			12b					
С		er the amount contributed by the employer to the plan for this plan year			12c					
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative 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	s a resolution to terminate the plan been adopted in any plan year?			XY	'es No)			
	lf "`	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0	
b								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)				
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is (establ	ished.				
Unde	r pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	oort, in	cluding	g, if applical	ble, a S	Scheo	dule	

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/01/2012	H DWAINE BLAKEMAN
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		Short Form Annual Return/Report of Small Employee Benefit Plan									
Internal Revenue Service This form is required to be filed under sections 104 and 404					2011						
Department of Labor Employee Benefits Security Administration of the Internal Revenue Code (the Code).				o) and 6058(a)	This Form is Open						
Pension Benefit Guaranty Corporatio			orm 5500-SF.	to Public Inspection							
Part I Annual Rep	port Identification Information										
For calendar plan year 2011 c	r fiscal plan year beginning 01/01/201	1	and	ending 1	2/31/2011						
A This return/report Is for:		e-employe	r plan (not mul	tiemployer)	a one-participant plan						
B This return/report is:	the first return/report X the final	return/rep	ort								
C		lan year r	eturn/report (le	ss than 12 mon	7 '						
C Check box if filing under:											
De Att	special extension (enter description)										
	Information ~ enter all requested information		4								
1a Name of plan H DWAINF BLAKEN	AN PSC PROFIT SHARING PLA	NE		1b Three-digit plan number (PN) ► 001							
TRUST	AN FOC FROTII SHARING FUA	LIN OK	10	1c Effective date of plan							
11(001					1/1981						
	ldress; include room or suite number (employer, if for sin	gie-employ	rer plan) 2b	Employer Ider	ntification Number (EIN)						
H DWAINE BLAKEM	AN PSC				939503						
					ephone number						
745 SCHERM ROAD				0 926 99							
OWENSBORO	KY 42301		2d	Business cod 6212	e (s ee instructions) 1 0						
	e and address (if same as plan sponsor, enter *Sa	ne")	3b	Administrator							
SAME											
			30	Administrator	's telephone number						
A lifthe name and/or EIN of th	ne plan sponsor has changed since the last return/	report file	d for this Ah	EIN							
	and the plan number from the last return/report.	report me		LIN							
a Sponsor's name	and the plan number nom the last return report.		40	PN							
a opender siname											
5a Total number of participa	nts at the beginning of the plan year		5a		5						
	nts at the end of the plan year		C L		0						
C Number of participants w	ith account balances as of the end of the plan yea	r (defined									
benefit plans do not com	plete this item)	· · · · · · · · · · · · · · · · · · ·		_	0						
	ets during the plan year invested in eligible assets'	? (See inst	ructions.)		X Yes No						
· ·	of the annual examination and report of an indepe										
	0.104-46? (See instructions on waiver eligibility an		-		X Yes 🗌 No						
stand a constant of the set	either 6a or 6b, the plan cannot use Form 5500	-SF and n	nust instead u	se Form 5500.	·····						
Part III Financial In 7 Plan Assets and Liabilitie			(a) Boginn	ing of Year	(b) End of Year						
		78		1066676							
	line 7b from line 7a)		1066676		0						
	ransfers for this Plan Year		(a) Amount		(b) Total						
a Contributions received or											
(1) Employers											
(2) Participants	,,	8a(2)									
(3) Others (including rollo	/ers)	8a(3)									
b Other income (loss)	SEE STATEMENT 1	8b		-62408							
c Total income (add lines 8	a(1), 8a(2), 8a(3), and 8b)	8c			-62408						
	t rollovers and insurance premiums to provide benefits)			1004268	STATEMENT 2						
	prrective distributions (see instructions)										
	viders (salaries, fees, commissions)										
					1004268						
	8d, 8e, 8f, and 8g)	· · · · · · · · ·			-1066676						
•	t line 8h from line 8c)				-1000070						
I transfers to (from) the pla	n (see instructions)				Ecom 5500-SE (2011)						

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

Form 5500-SF (2011) v.012611

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Page 2-

Enter name of individual signing as employer or plan sponsor

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 instruction: 2E 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	rt V Compliance Questions							
10	During the plan year:			Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contributions withi	n 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			
с	Was the plan covered by a fidelity bond?		10c	X				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond, that						
	was caused by fraud or dishonesty?		X					
е	Were any fees or commissions paid to any brokers, agents, or othe	r 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			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (S	See instructions						
	and 29 CFR 2520.101-3.)		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the							
	of the exceptions to providing the notice applied under 29 CFR 252		10i		X			
Pa	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes," see instruction	ns and	comp	lete			
	Schedule SB (Form 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding r	equirements of section 412 of	of the (Code o	r			
	section 302 of ERISA? (If "Yes,' complete 12a or 12b, 12c, 12d, an	d 12e below, as applicable.)					Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan year,	see ins	structio	ons, and	d enter	the date o	f the letter
	ruling granting the waiver.	Month		Da	У		Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and skip to	o line 1	13.				
b	Enter the minimum required contribution for this plan year				12b			
С	Enter the amount contributed by the employer to the plan for this p	lan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter t	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 th	e funding deadline?			Ye	es	No	N/A
Par	t VII Plan Terminations and Transfers of Assets						·····	
13a	Has a resolution to terminate the plan been adopted in any plan year	ar?					X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the er	nployer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries,	transferred to another plan, o	or brou	ight				<u> </u>
	under the control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from	n this plan to another plan(s),	, identi	fy the	plan(s)	to which	h assets o	r
	liabilities were transferred. (See instructions.)	T						
13c(1) Name of plan(s):					EIN(s)		13c(3) PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed unless	reasor	able o	ause i	s estab	lished.	
	enalties of perjury and other penalties set forth in the instructions, I declare that I have exa by an enrolled actuary, as well as the electronic version of this return/report, and to the bes					r Schedul	e MB comple	led and
SIGN		A H DWAINE BI	AKE	MAN				
HERI	Signature of plan administrator Date	Enter name of individu			plan a	dminist	rator	
SIGN								

Date

Signature of employer/plan sponsor

ERE