	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit	t Plan ctions 104 and 4065 of the Employe	ē	2010
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection
-		entification Information	-			
For	calendar plan year 2010 or fisca	7			2/31/2	
	This return/report is for:	single-employer plan	•	employer plan (not multiemployer)		one-participant plan
B	This return/report is for:	first return/report	final retur	•		
-		an amended return/report		n year return/report (less than 12 mo	nths)	
C	Check box if filing under:	Form 5558		extension		DFVC program
		special extension (enter descriptio	,			
	ITT II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit
	ATION LLC					plan number 001
						(PN) ►
					1c	Effective date of plan 01/01/2007
2a ELE\	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-1395870
	VINCHESTER ROAD				2c	Plan sponsor's telephone number 859-255-1200
	E 200 NGTON, KY 40505				2d	Business code (see instructions) 541400
3a	Plan administrator's name and a	address (if same as Plan sponsor, e 611 WINCHE	nter "Same	e")	3b	Administrator's EIN 61-1395870
		SUITE 200			30	Administrator's telephone number
		LEXINGTON	, KT 4050;			859-255-1200
		n sponsor has changed since the las from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	name, Ein, and the plan humber	nom the last return/report. Sponso	i s name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	1
b	Total number of participants at	the end of the plan year			5b	0
С		th account balances as of the end of		· ·	5c	0
6a		uring the plan year invested in eligib				Yes No
	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ndent qualified public accountant (IQ	,	
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No
Pa	rt III Financial Informa		5500-	or and must instead use form of		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	299	4	0
b	Total plan liabilities		7b		0	0
C	Net plan assets (subtract line 7	b from line 7a)	7c	299	4	0
8	Income, Expenses, and Transf			(a) Amount	-	(b) Total
а	(1) Employers	vable from:	8a(1)		0	
			8a(2)		0	
	(3) Others (including rollovers)		8a(3)		0	
b	Other income (loss)		8b	10	В	
C		Ba(2), 8a(3), and 8b)	8c			108
d		ollovers and insurance premiums	8d		D	
е	· ,	ve distributions (see instructions)			0	
f		s (salaries, fees, commissions)			0	
g	Other expenses		. 8g		D	
h	Total expenses (add lines 8d, 8	se, 8f, and 8g)	8h			0
i	Net income (loss) (subtract line	8h from line 8c)	8i			108
j	Transfers to (from) the plan (se	e instructions)	8i		C	

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 2T 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	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х					20000
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		Х				
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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of I	ERISA?.		Yes	× No
2	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	otione	and a	ntor th	o data of	the let	tor ruli	na
	granting the waiverMor	th						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г					
b	Enter the minimum required contribution for this plan year			12b				
С	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 negative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	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?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		130	c (2) El	N(s)	1	3c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.	I		

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	Filed with authorized/valid electronic signature.	03/08/2012	JEFFREY RUTH
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

Page 2-

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y-plan Xfer Page 19	PLAN 1-67724	***	DESCRIPTION LMP INV GRD BOND LMP CLBRG RC OF LMP CLBRG AGG OF LMP CLBRG AGG GR LMP ETRRG AGG GR LMP TRGT RET 203 LMP TRGT RET	PLAN
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F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE

Y-PLAN XFER