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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	00-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011		
Α .	This return/report is for:	a multiple	a multiple-employer plan (not multiemployer) a one-particip				
В .	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)					
Pa	irt II Basic Plan Information—enter all requested informa	ation					_
1a	Name of plan			1b ·	Three-digit		
INTE	GRITY ASSET MANAGEMENT 401(K) SAVINGS PLAN				plan number		
					(PN)	001	
				10	Effective date of 06/01	•	
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identit	fication Number	_
INTE	GRITY ASSET MANAGEMENT, LLC					63006	
				2c 3	Sponsor's telep		
	V. MAIN STREET			0-1 -	502-379		
	E 2100 SVILLE, KY 40202			2a	Business code (52390	see instructions)	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's I	_	_
	GRITY ASSET MANAGEMENT, LLC 401 W. MAIN		,		86-10	63006	
	SUITE 2100 LOUISVILLE,	KY 40202		3c /	Administrator's t	elephone numbe	r
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		9-0900	_
-	name, EIN, and the plan number from the last return/report.		open med for and plan, enter all	1.0	<u> </u>		_
	Sponsor's name			-	PN		
5a	Total number of participants at the beginning of the plan year			- Ou			1
b	Total number of participants at the end of the plan year			. 5b			1
С	Number of participants with account balances as of the end of the p complete this item)			. 5c			1
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes N	۷o
b	Are you claiming a waiver of the annual examination and report of a						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		•••••	X Yes [N	VО
Pa	rt III Financial Information	JIII 5500-	SF and must mstead use Form 5	300.			_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	_
a	Total plan assets	7a	2705061		(b) Elia	2910970	_
b	Total plan liabilities	7b					_
С	Net plan assets (subtract line 7b from line 7a)	7c	2705061			2910970	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		316283				
	(1) Employers	8a(1)	310203				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	440000				
b	Other income (loss)	8b	-110368			205015	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				205915	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	6				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				6	
i	Net income (loss) (subtract line 8h from line 8c)	8i				205909	
j	Transfers to (from) the plan (see instructions)	8i					

Form 5500-SF 2011		

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: 2E 2F 2G 2J 2K 2T 3B 3D

Page 2 - 1

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

Dullio ille dan year.		Yes	No		Amo	unt	
During the plan year: 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		Aiii	, diff	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		X				
Was the plan covered by a fidelity bond?	10c	Χ				3	30000
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				
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					115
Has the plan failed to provide any benefit when due under the plan?	10f		X				
J Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))						Yes	x 1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod							
							Н—
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	e or se	ction 3	302 of I	ERISA?	I	Yes tter rulii	X ng
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	ction 3	302 of I	ERISA?	I	Yes tter rulii	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moi you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se actions, ath	and e	302 of I	ERISA?	I	Yes tter rulii	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moi you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.	e or se	and e	302 of I enter th Day	ERISA?	I	Yes tter rulii	X 1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moreous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	302 of I enter th Day	ERISA?	I	Yes tter rulii	X ng
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c	ERISA?	of the le	Yes tter rulii r	ng
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or se	and e	12b 12c 12d	e date o	of the le	Yes tter rulii r	ng
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	enter th Day 12b 12c 12d X Y	e date o	of the le	Yes tter rulii r No	ng N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c 12d 	e date o	of the le Yea	Yes tter rulii r No	ng N/
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and 6	12b 12c 12d X Y	e date o	of the le_Yea	Yes tter rulii r No	ng N/

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.	04/05/2012	MATTHEW G BEVIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information		and and an	0/04/0	2044
-	calendar plan year 2011 or fiscal plan year beginning 01/01/201			2/31/2	-
A T	his return/report is for:	TOTAL CONTRACTOR OF THE PARTY O	nployer plan (not multiemployer)		a one-participant plan
ВТ	his return/report is:	the final retur			
	an amended return/report	a short plan y	ear return/report (less than 12 mo	nths)	_
C	check box if filing under: Form 5558	automatic ex	tension		DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information—enter all requested information	ation			
1a	Name of plan			1b	Three-digit
INTE	GRITY ASSET MANAGEMENT 401(K) SAVINGS PLAN				plan number (PN) 001
				1c	Effective date of plan
					06/01/2004
2a	Plan sponsor's name and address; include room or suite number (ei GRITY ASSET MANAGEMENT, LLC	mployer, if for	a single-employer plan)	2b	Employer Identification Number
INTE	GRITT ASSET MANAGEMENT, LLC				(EIN) 86-1063006
				2c	Sponsor's telephone number 502-379-6986
	V. MAIN STREET			24	Business code (see instructions)
0.000	E 2100 SVILLE KY 40202			Lu	523900
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same")		3b	Administrator's EIN 86-1063006
SAM				3с	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the I	act roturn/ran	ort filed for this plan, enter the	4h	502-379-6986 EIN
~	name, EIN, and the plan number from the last return/report.	astretummep	ort med for this plan, enter the	40	LIIV
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	16
b	Total number of participants at the end of the plan year			5b	16
С	Number of participants with account balances as of the end of the promplete this item)			5c	16
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (Se	ee instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report of	an independe	nt qualified public accountant (IQI	PA)	X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				N 163 140
Pa	rt III Financial Information	01111 0000-01	and must instead use i onii oo		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	2705061		2910970
	Total plan liabilities				
	Net plan assets (subtract line 7b from line 7a)		2705061		2910970
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		316283		
	(1) Employers	. 8a(1)	310203	100	
	(2) Participants			-44	
	(3) Others (including rollovers)		110269	-	
	Other income (loss)	110.00	-110368	757	205915
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		(44)	203913
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		201	
f	Administrative service providers (salaries, fees, commissions)		6	5	
g	Other expenses			N/O	
195	Total expenses (add lines 8d, 8e, 8f, and 8g)	0.000			6
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			205909
j	Transfers to (from) the plan (see instructions)	. 8j		84	
-	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for				Form 5500-SF (2011)

Form	5500	-SF	201	•
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Page	2 -	-
Page	4 -	

COLUMN TO SERVICE STREET		, age =			-				
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3B $$ 3D	ature codes from the	List of Plan Chara	acteris	tic Co	des in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Charac	teristi	c Cod	es in ti	ne instructio	ns:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	t
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correction Progr	am)	10a		Х	III III		
b	on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	X				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?	delity bond, that was	caused by fraud	10d		×			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	r persons by an insul	rance carrier,	10e	х				11555
f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	X				0
h		ee instructions and 2	9 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i					
Part	VI Pension Funding Compliance		·						
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see ins	tructions and comp	olete S	Sched	ule SB	(Form	∏ Ye	s X No
	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat If a waiver of the minimum funding standard for a prior year is being granting the waiver. //ou completed line 12a, complete lines 3, 9, and 10 of Schedule II	ole.) amortized in this pla	n year, see instruc	tions.	and e	nter th	e date of the	e letter r	rulina
b	Enter the minimum required contribution for this plan year					12b			
С	Enter the amount contributed by the employer to the plan for this pla	n year			.,	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a min	us sign to the left o	of a	[12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part									
13a	Has a resolution to terminate the plan been adopted in any plan year? \dots					XY	es No		
	If "Yes," enter the amount of any plan assets that reverted to the em							0	
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?					ntrol		Ye	s 🛚 No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan			11		
	3c(1) Name of plan(s):				130	(2) EII	N(s)	13c(3) PN(s)
			1.						
Caut	on: A penalty for the late or incomplete filing of this return/report	rt will be assessed	unless reasonable	e cau	se is e	establi	shed.		
SB o	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well , it is true, correct, and complete.	I declare that I have as the electronic ven	examined this return/r	rn/rep eport,	ort, in and to	cluding the b	, if applicat est of my k	ole, a So nowledg	chedule ge and
SIG	1 / harde	04-05-12	MATTHEW G BI	EVIN					
HER	APPEND /	Date	Enter name of inc	dividu	al sigr	ning as	plan admir	istrator	
SIG									
. ILI	Signature of employer/plan sponsor	Date	Enter name of inc	dividu	al sigr	ing as	employer o	or plan s	ponsor