	Form 5500-SF		eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	2011		
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	ISA), and sections 6057(b) and 6058 Code (the Code).	This Form is Open to Public			
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 5500	)-SF.	Inspection	
		lentification Information					
For	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-participant plan	
B	This return/report is:	the first return/report		eturn/report			
				an year return/report (less than 12 mo	onths)	—	
C	Check box if filing under:	Form 5558		extension		DFVC program	
		special extension (enter descriptio					
		nation—enter all requested informa	ation		46	<b>-</b>	
	Name of plan	PIPSC			<b>D</b>	Three-digit plan number	
LL/(II		, , , , , , , , , , , , , , , , , , , ,				(PN) ▶ 001	
					1c	Effective date of plan 01/01/2010	
	Plan sponsor's name and addre	ess; include room or suite number (er P, PSC	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 61-1229890	
					2c	Sponsor's telephone number 859-296-0066	
	MONARCH ST STE 100 NGTON, KY 40513			·	2d	Business code (see instructions) 812990	
	Plan administrator's name and	address (if same as plan sponsor, er P. PSC 1030 MONAR			3b	Administrator's EIN 61-1229890	
LEXI		LEXINGTON,			3c	Administrator's telephone number 859-296-0066	
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
•	name, EIN, and the plan numb	er from the last return/report.			40		
	Sponsor's name	the beginning of the plan year			4c 5a	PN4	
b		the end of the plan year			5a 5b	3	
c		count balances as of the end of the p			ac	5	
			•		5c	3	
		luring the plan year invested in eligibl			X Yes No		
D		ne annual examination and report of a See instructions on waiver eligibility a				X Yes No	
-	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo					
Pa	rt III Financial Informa	ation		[	-		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
a b	•		7a	8970	_	2343	
b C	•	/b from line 7a)	7b 7c	8970		2343	
8	Income, Expenses, and Transf			(a) Amount		(b) Total	
a	Contributions received or recei						
	(1) Employers		8a(1)	3731	_		
	(2) Participants		8a(2)	2206			
	() ()	)	8a(3)	010	_		
_	( )		8b	-213	_	5724	
c d		8a(2), 8a(3), and 8b) rollovers and insurance premiums	8c			0124	
u			8d	12351			
е	Certain deemed and/or correct	ive distributions (see instructions)	8e				
f	Administrative service provider	rs (salaries, fees, commissions)	8f				
g	·		8g				
h		Be, 8f, and 8g)	8h			12351	
1		e 8h from line 8c)			_	-6627	
J	ransters 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:

## 3D 2E 2F 2G 2J 2K

**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	ring the plan year:		Yes	No	А	mount		
а		is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
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 tructions.)	10e		x				
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Dic	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		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		х				
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Yes	s 🗙 No	
12	ls	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction :	302 of	ERISA?	Yes	s 🗙 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								
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				
		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	Ha	s a resolution to terminate the plan been adopted in any plan year?			١	res X No			
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					Yes	s 🗙 No	
С	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):						N(s)	13c(3	<b>3)</b> PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ISA İF	establ	ished	L		
Jaul	<u>юп.</u>	A penalty for the face of incomplete ming of this return report will be assessed diffess reasonab	ie edu	196 19	colabi	ioneu.			

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.	04/27/2012	AMY SHELTON
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

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Plan Characteristics Part IV

93 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 3D SE SF 2G 2J 2K

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

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Enter name of individual signing as employer or plan sponsor

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