## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries	in accordance	with the instru	ctions to the Form 550	0-SF.		•	
Pa	art I Annual Report Identification Informat	ion						
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2011		and ending 1	2/31/2	011		
Α	This return/report is for:	☐ a mul	tiple-employer p	olan (not multiemployer)		a one-particip	ant plan	
	This return/report is: the first return/report		nal return/report		L		·	
-		H	•		ontho)			
	☐ an amended return/repor	H	t plan year retuinatic extension	rn/report (less than 12 mo	ontns) '	_		
С	Check box if filing under: Form 5558			DFVC progra	m			
	special extension (enter of	description)						
Pa	art II Basic Plan Information—enter all requeste	ed information						
1a	Name of plan				1b	Three-digit		
G&K	GREG, INC. 401(K) PROFIT SHARING PLAN					plan number		
						(PN) ▶	001	
					1c	Effective date of	plan	
						01/01	2009	
	Plan sponsor's name and address; include room or suite n	umber (employe	er, if for a single	-employer plan)	2b	Employer Identif		er.
Gan	( GREG, INC.					(EIN) 61-13		
					2c	Sponsor's telep		
	MALABU DRIVE, SUITE 3					859-278		
LEXI	INGTON, KY 40503				2d	Business code (		ıs)
						62139		
	Plan administrator's name and address (if same as plan sp				3b	Administrator's I	EIN 68944	
Gan		MALABU DRIV INGTON, KY 40			20			
		•			3c Administrator's telephone number 859-278-7212			
4	If the name and/or EIN of the plan sponsor has changed si	ince the last ret	urn/report filed f	or this plan, enter the	4b			
•	name, EIN, and the plan number from the last return/repor		ani, roport mod i	or time plant, enter the	70	LIIN		
а	Sponsor's name				4c	PN		
5a	Total number of participants at the beginning of the plan ye	ear			5a			3
b	Total number of participants at the end of the plan year				5b			3
С	Number of participants with account balances as of the en				35			
Ū	complete this item)		,	•	5c			3
6a	Were all of the plan's assets during the plan year invested	l in eligible asse	ets? (See instru	ctions.)			X Yes	No
b		J	`	,				
	under 29 CFR 2520.104-46? (See instructions on waiver e						X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot	ot use Form 5	00-SF and mu	st instead use Form 55	00.			
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a)	Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	ı	174778			258697	
b	Total plan liabilities	7t	,	0			0	
С	Net plan assets (subtract line 7b from line 7a)			174778			258697	
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) T	otal	
а				(w) Amount		(5) 1		
_	(1) Employers	8a(	1)	45410				
	(2) Participants	8a(	2)	44936				
	(3) Others (including rollovers)			0				
b	, , , , ,			-3492				
	,	<b></b>		0.02			86854	
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							
d	Benefits paid (including direct rollovers and insurance prer to provide benefits)			0				
е	Certain deemed and/or corrective distributions (see instruc			0				
f	Administrative service providers (salaries, fees, commission			2935				
	•	,		0				
g	Other expenses (add lines of the ord or)	•					2025	
h	1 ( , , , , )						2935	
ĺ	Net income (loss) (subtract line 8h from line 8c)						83919	
j	Transfers to (from) the plan (see instructions)	····· 8j		0				

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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	V Compliance Questions							
а	During the plan year:		Yes	No		An	ount	
	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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					2600
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		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				
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				
h	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						
rt \	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					[	Yes	X 1
а	(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 instruction granting the waiver	th		Day				
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/
rt '	VII Plan Terminations and Transfers of Assets							
	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	• • • • • • • • • • • • • • • • • • • •							
Ba	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
Ba				ontrol			Yes	X
a b	If "Yes," enter the amount of any plan assets that reverted to the employer this year	under	the co				Yes	X
Ba b c	If "Yes," enter the amount of any plan assets that reverted to the employer this year	under	the co		IN(s)	[		
Ba b c	If "Yes," enter the amount of any plan assets that reverted to the employer this year	under	the co		IN(s)			

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.	07/05/2012	KATHY C. GREGORY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/05/2012	KATHY C. GREGORY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

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

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

-	Complete all entries in accor	dance wit	h the instructi	ions to the Form 550	0-SE	11	nspection
	artin Aminual Report Identification Information						
For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α	This return/report is for: x a single-employer plan	a multiple	-employer plan	(not multiemployer)	Г	7	
В	This return/report is:		eturn/report	(iiiii iiiiiiiiiii)	L	] a one-partici	pant plan
			**************************************				
_	an amended return/report	a short pla	an year return/r	eport (less than 12 mo	nths)		
C	Check box if filing under: Form 5558		extension		Γ	DFVC progra	arn
	special extension (enter description	1)			_	_ , ,	
	art II Basic Plan Information enter all requested infor	mation					
1a	Name of plan	manon.			1h :	Three-digit	
	GEK GREG, INC. 401(K) PROFIT SHARING PLAN				113	olan number	
	THE STATE THE THE STARTING PLAN					(PN) ▶	001
	The second secon		·- ,	w ' gen		Effective date of	fplan
2a	Plan sponsor's name and address; include room or suite number (em	player if fe				01/01/2009	- P.1
	G&K GREG, INC.	biokėi, ii id	or single-employ	yer plan)			fication Number
						(EIN) 61-13	
	101 /27222				2c	Plan sponsor's t	elephone number
	121 MALABU DRIVE, SUITE 3					(859) 278-7	
US	LEXINGTON KY 40503				2d I	Business code (	(see instructions)
3a	Plan administrator's name and address (If same as plan sponsor, ent	!!О !!!				521399	
	SAME	er "Same")			3b /	Administrator's I	EIN
	1.45,000	12		**	;	٠.	٠.
					3c /	Administrator's t	elephone number
					÷	一、一位 持	y you it is
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rer	and filed for this	nlan antartha	4b E		3 to 1.
	marile, Lity, and the plan number from the last return/report.	· rotoriarop	or med for tells				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5a	Sponsor's Name			7	4c F	ν· .	·
b	Total number of participants at the beginning of the plan year				5a		3'
C	Total number of participants at the end of the plan year				5b		3
•	Number of participants with account balances as of the end of the pla complete this item)	n year (def	ined benefit pla	ns do not	E		
6a	Were all of the plan's assets during the plan year invested in eligible a	esate2 (Sa	a instructions \	• • • • • • • • • • • • • • • • • • • •	5c		3
b	Are you claiming a waiver of the annual examination and report of an	independe	et cualified pub	io accountant (IODA)			X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions	s.)	iic accountant (IQPA)	1207 10	\$	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF	and must inst	ead use Form 5500.			MILES MILES
Pa	rt III Financial Information			7807		-	
7	Plan Assets and Liabilities	lmitte	(a) Be	ginning of Year	Triple:	(b) End	of Voor 5 mm
a	Total plan assets	7a	(47.44		-	(b) cita	
b	Total plan liabilities	7b		174,778	_		258,697
C	Net plan assets (subtract line 7b from line 7a)	7c		0	-		0.
8	Income, Expenses, and Transfers for this Plan Year			174,778 a) Amount		. /6> 7	258,697
a	Contributions received or receivable from:		(8	n) Allount	Halian	(0)	otal
	(1) Employers	8a(1)		45,410			
	(2) Participants	8a(2)		44,936			
2.5	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b		(3,492)			
C	Total incomé (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			i interior		The second secon
d	Benefits paid (including direct rollovers and insurance premiums		annuphiliting and 154			ik dinamanan kilik kanan	86,854
	to provide benefits)	8d		0	200		
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		2,935			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				The state of the s	2,935
i	Net income (loss) (subtract line 8h from line 8c)	8i				-	83,919
<u>i</u>	Transfers to (from) the plan (see instructions)	8i	TO STATE OF THE ST	. 0			
For	Paperwork Reduction Act Notice and OMB Control Numbers, see	the instru	ctions for For	m 5500-SF.	THE PARTY OF THE P	Fo	rm 5500-SF (2011)

	Form 5500-SF 2011		Page 2-						
Pa	t IV Plan Characteristics					·····	,	MAL VIII	
9a	If the plan provides pension benefits, enter the applicable pension fee	ature codes from the L	ist of Plan Characte	ristic	Codes	in the	e instruction	s:	
	2E 2H 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feat								
Pa	tV Compliance Questions						V		
10	During the plan year:				Yes	No	T :	Amount	
а	Was there a failure to transmit to the plan any participant contribution	ons within the time per	iod described in		100			AIIIOUIIE	
l	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra (Do not include trans)	m)	10a		x			
C				10b		~			
d	Was the plan covered by a fidelity bond?.  Did the plan have a loss, whether or not reimbursed by the plan's fine the plan have a loss, whether or not reimbursed by the plan's fine the plan have a loss.	، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،		10c	Х				26,000
	or dishonesty?	delity bond, that was d		10d		x			
	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all of	persons by an insura	nce carrier,	steps.				-	Marie 110
_	instructions.)			10e		Х			
Ť	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			10g		x			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions and 29	CONCERNO CONTRACTOR CO	401		х			
i	If 10h was answered "Yes," check the box if you either provided the	required notice or on	a of the	10h		-			
Par	exceptions to providing the notice applied under 29 CFR 2520.101-	3	• • • • • •	10i					
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see inst	ructions and comple	ete Sc	hedul	e SB (	Form		
12	5500))	<u></u>	<u> </u>					Yes	
125	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	equirements of section ble.)	412 of the Code or	sectio	n 302	of ER	NSA? .	Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Mont	ns, ar h	nd ent	er the Day	date of the	letter ruling Year	
b	Enter the minimum required contribution for this plan year				Г	12b			
С	Enter the amount contributed by the employer to the plan for this pla					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	he result (enter a minu	s sign to the left of a	3		12d		***************************************	
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	□No □	]N/A
Par	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year	ir? - '-'						☐Yes [	x No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a			
	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?					rol		☐Yes [	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another p	plan(s), identify the p	olan(s	) to				
	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3) P	N(s)
Caut	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed ur	lless reasonable c	ausa	is ast	ahlish	ed.		
Unde SB o	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a It is true, correct, and complete.	declare that I have ex	amined this return/n	enort	includ	lina if	applicable	a Schedule viedge and	
SIC		1= lon /10	[						
HE		5/38/12 Date	KATHY C. GRE						
igitate	10 0	1	Enter name of indi			ng as	plan admini	strator	
SIC			KATHY C. GRE						
H title	Organizate or employemplan sponsor	Date	Enter name of indi	vidual	signi	ng as	employer or	plan sponso	or

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