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).

0044

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	the instructions to the Form 55	00-SF.			
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011		
Α	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
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)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)					
Pa	art II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			1b	Three-digit		
TOM	BROWN CONSTRUCTION COMPANY, INC. 401(K) PLAN				plan number		
					(PN) •	001	
				10	Effective date of 01/01/	•	
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Numbe	r
TOM	BROWN CONSTRUCTION COMPANY, INC.			((EIN) 61-08	40316	
				2c	Sponsor's telepl		
	NATIONAL TURNPIKE			0-1	502-361		
LOUI	SVILLE, KY 40214			2a	Business code (: 23611		s)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's E		
	BROWN CONSTRUCTION COMPANY, INC 7965 NATION LOUISVILLE.	IAL TURN	PIKE		61-08	40316	
	EOOISVILLE,	KT 40214		3c /	Administrator's t 502-361		ber
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		-	
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name				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			
С	Number of participants with account balances as of the end of the p complete this item)			. 5c			
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes	No
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		,			X Yes	No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 5	500.			
7			(a) Bandandan a (Masa		(L) F I	- () (
-	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Year 435041		(b) End	or rear	
a b	Total plan liabilities	7a 7b					
C	Net plan assets (subtract line 7b from line 7a)	76 7c	435041			0	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) T	otal	
a	Contributions received or receivable from:		(4) 7		(4)		
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	4150				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4150	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	439191				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				439191	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-435041	
j	Transfers to (from) the plan (see instructions)	8i					
-		, J					

Form	5500.	SF.	201

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Part IV	Plan	Characteristics
railiv	Fiaii	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 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Α	a	
During the plan year:		res	NO		Am	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				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	100						
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	X					130000
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			X				
instructions.)	10e		^				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
	10g						
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	1011						
exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nnloto	Cabad	ula CE	/ Corro			
5500))				(FOIII	·	Yes	N N
0000//							X No
le this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						1	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of	ERISA	?	Yes	X N
(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 Inter th	ERISA	? of the le	Yes	X No
(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 actions,	ction 3	302 of Inter th	ERISA	? of the le	Yes	X No
(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. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se uctions, nth	and e	302 of Inter th	ERISA	? of the le	Yes	X No
(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 uctions, nth	and e	nter th Day	ERISA	? of the le	Yes	X No
(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. Moof 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. Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	nter th Day 12b 12c	ERISA	? of the le	Yes	X No
(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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 better 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)	e or se uctions, nth	and e	nter th Day	ERISA	? of the le	Yes	X No
(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. Moreovou 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)	e or se uctions, nth . t of a	and e	12b 12c	ERISA e date	? cof the le	Yes etter rul	No No
(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. More 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. 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).	e or se uctions, nth . t of a	and e	12b 12c	ERISA	? cof the le	Yes	No
(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. Monor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. 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?	e or se	and e	12b 12c 12d	e date	? cof the letter Year	Yes etter rul	X No
(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	ERISA e date	? cof the le	Yes etter rul	No No
(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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 better 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?	e or se	and e	12b 12c 12d	e date	? cof the letter Year	Yes etter rul	No No
(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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 or 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? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	e or se	and e	12b 12c 12d	e date	? cof the leteral Year	Yes etter rul	N/A
(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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 or 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? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	e or se	and e	12b 12c 12d	e date	? cof the leteral Year	Yes etter rul	N/A
(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 uctions, nth t of a	and e	12b 12c 12d 	e date	? cof the leteral Year	Yes etter rul	N/A
(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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 or 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? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	e or se uctions, nth t of a	and e	12b 12c 12d	e date Yes	? Cof the lead of the lead o	Yes etter rul ar No Yes	N/A
(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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 or 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? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	e or se uctions, nth t of a	and e	12b 12c 12d 	e date Yes	? Cof the lead of the lead o	Yes etter rul	N/A
(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 uctions, nth t of a	and e	12b 12c 12d	e date Yes	? Cof the lead of the lead o	Yes etter rul ar No Yes	N/A
(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 uctions, nth t of a	and e	12b 12c 12d	e date Yes	? Cof the lead of the lead o	Yes etter rul ar No Yes	N/A
(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 Yes Yes N(s)	? Cof the lead of the lead o	Yes etter rul ar No Yes	N/A

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.	07/25/2012	CAMELIOUS BROWN
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

Par	rt I Annual Report Identification Information						
For c	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		a	nd en	ding 1	12/31/2011	
Α	This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan						
В	This return/report is: the first return/report the final return						
_		year ret	urn/repor	t (less	than 12 mon	nths)	
С	Check box if filing under: Form 5558 automatic e	xtension	rii.			DFVC program	
	special extension (enter description)						
	rt II Basic Plan Information - enter all requested information			41			
	Name of plan	D.	. 2.27		Three-digit plan number	(PN)	0.01
TOL	M BROWN CONSTRUCTION COMPANY, INC. 401()	() PI	JAN				001
				IC	Effective date		
0-	Di anno de adrese include soon er quite number (employer if for single	amplayar	nlan)	2h		01/1992 ntification Number	/EINI)
	Plan sponsor's name and address; include room or suite number (employer, if for single-	-employer	pian)	20		1840316	(EIIV)
TOI	M BROWN CONSTRUCTION COMPANY, INC.			2c		ephone number	
796	65 NATIONAL TURNPIKE				2) 361-		
150	05 NATIONAL TORNITRE					de (see instructions	s)
T.OI	UISVILLE KY 40214			100 T-100 TH	2361		•
	Plan administrator's name and address (if same as plan sponsor, enter "Same	")		3b	Administrator		
SAI						S RI PAGE	
				3с	Administrator	r's telephone numb	oer
4 If	the name and/or EIN of the plan sponsor has changed since the last return/rep	oort filed	for this	4b	EIN		
pl	lan, enter the name, EIN, and the plan number from the last return/report.						
а	Sponsor's name			4c	PN		
				E-0		1 /	
	Total number of participants at the beginning of the plan year			5a 5b		14 0	
	Total number of participants at the end of the plan year			30		U	
	Number of participants with account balances as of the end of the plan year (or benefit plans do not complete this item)			5с		0	
	Were all of the plan's assets during the plan year invested in eligible assets? (\$\frac{1}{2}\$						No
	Are you claiming a waiver of the annual examination and report of an independent						
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-S						
	rt III Financial Information						- making track
7	Plan Assets and Liabilities		(a) Be		ng of Year	(b) End of	
a	Total plan assets	7a			435041		0
b	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c			435041		
	Income, Expenses, and Transfers for this Plan Year			a) Am	ount	(b) To	tal
а	Contributions received or receivable from:						
	(1) Employers					-	
	(2) Participants					_	
h	(3) Others (including rollovers)				4150		
	Other income (loss) SEE STATEMENT 1 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		Water Visit		#T20		4150
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			439191	STATEMEN	
	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses						
_	Total expenses (add lines 8d, 8e, 8f, and 8g)						439191
	Net income (loss) (subtract line 8h from line 8c)					-	-435041
-	Transfers to (from) the plan (see instructions)	8i					

Form	5500-SF	(2011)
OHILL	3300-31	120111

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Page	2-

D	DI	OI
Part IV	Ulan	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 2G 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:

Par	t V Compliance Questions							
10	During the plan year:			-	V	N.	• *************************************	
а	Was there a failure to transmit to the plan any participant	contributions within the	time period described		Yes	No	Amour	nt
	in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fiduciary (Correction Program)	10-		v		
b	Were there any nonexempt transactions with any	party-in-interest? (Do	not include	10a		X		
			······	106		v		
C	Was the plan covered by a fidelity bond?	***************************************		10b	Х	X		12000
d	Did the plan have a loss, whether or not reimburse	ed by the plan's fidelit	v hond that	10c	Λ			13000
				104		v		
е	Were any fees or commissions paid to any brokers	s. agents, or other ne	rsons by an incurance	10d		X		
	carrier, insurance service or other organization that	t provides some or al	of the benefits under					
	the plan? (See instructions.)	in provided deline of all	To the belieffs drider	100		v		
f	Has the plan failed to provide any benefit when du	e under the plan?		10e 10f		X		
g	Did the plan have any participant loans? (If "Yes,"	enter amount as of v	ear end)	10g		X		
h	If this is an individual account plan, was there a bla	ackout period? (See i	nstructions	iog		Λ		
	and 29 CFR 2520.101-3.)	, , , , , , , , , , , , , , , , , , , ,		10h		x		
i	If 10h was answered "Yes," check the box if you e	ither provided the red	uired notice or one	1011		21		
	of the exceptions to providing the notice applied u	nder 29 CFR 2520.10	01.3	10i		x		
Par	VI Pension Funding Compliance			101		21		
11	Is this a defined benefit plan subject to minimum for	unding requirements?	(If "Yes," see instructions	s and c	comple	ete		
10	Schedule SB (Form 5500))						\ Yes	X No
12	is this a defined contribution plan subject to the m	inimum fundina reaui	rements of section 412 of	the Co	nde or			מאו ואס
	section 302 of ERISA? (If "Yes," complete 12a or 1	2b, 12c, 12d, and 12	e below, as applicable)				Yes	X No
a	if a walver of the minimum funding standard for a p	orior year is being ame	ortized in this plan year se	e insti	ruction	ns. and e	enter the date of	the letter
	ruling granting the waiver.		Month		Day	io, and c		trie letter
it y	ou completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 5500), and skip to	line 13	3.	-		
a	enter the minimum required contribution for this plant	an year				12b		
С	Enter the amount contributed by the employer to the	ne plan for this plan y	ear			12c		
u	Subtract the amount in line 12c from the amount in	line 12b. Enter the re	esult (enter a minus sign to	2				
	he left of a negative amount)					12d		
е	Will the minimum funding amount reported on line	12d be met by the fur	nding deadline?			Yes	No	N/A
Pan	VII Plan Terminations and Transfer	s of Assets						1111/1
3a	Has a resolution to terminate the plan been adopte	d in any plan year?			<u>.</u> .		X Yes	No
	it "Yes," enter the amount of any plan assets that r	everted to the employ	er this year			13a		0
D	Were all the plan assets distributed to participants	or beneficiaries, trans	ferred to another plan, or	brough	nt			
_	under the control of the PBGC?						X Yes	No
	during this plan year, any assets of liabilities were	transferred from this	plan to another plan(s), ic	dentify	the pl	an(s) to	which assets or	
	abilities were transferred. (See instructions.)					0.000		
13	c(1) Name of plan(s):			13	3c(2) E	IN(s)	13c(3)	PN(s)
Courti	on A namely for the leteral control of the second		2370					
Cauti	on: A penalty for the late or incomplete filing of	this return/report wi	II be assessed unless rea	asonal	ole ca	use is e	stablished.	
gned by	nalties of perjury and other penalties set forth in the instructions, I d ran enrolled actuary, as well as the electronic version of this return/r	eclare that I have examined report, and to the best of my	this return/report, including, if appl knowledge and belief, it is true, co	icable, a orrect, an	Schedu d comp	e SB or Sc ete.	chedule MB complete	d and
SIGN	X Complian Brown	12/00/10	GAMPI TOTAL			-1		
IERE	Signature of plan administrator	Date	CAMELIOUS BR Enter name of individual	.UWN	a 20 5	lan ada	ninintroto:	
			Enter hame of individual	Signif	y as f	ian aun	mistrator	
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual	ciania	G 60 5	mpleye	or plan anares	-
	ordinarate of embloher bigit should	Date	Enter name of individual	signin	y as e	ripioyer	or plan sponso	