

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
B This return/report is:	☐ the first return/report	☐ the final return/report
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558	☐ automatic extension
	☐ DFVC program	
	☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information		
1a Name of plan TRUEPOINT, INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶	<u>002</u>
	1c Effective date of plan	<u>01/01/2010</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TRUEPOINT CAPITAL, LLC 4901 HUNT ROAD, SUITE 200 CINCINNATI, OH 45242	2b Employer Identification Number (EIN) <u>31-1306367</u>	2c Sponsor's telephone number <u>513-792-6648</u>
	2d Business code (see instructions) <u>523900</u>	3b Administrator's EIN <u>31-1306367</u>
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRUEPOINT CAPITAL, LLC 4901 HUNT ROAD, SUITE 200 CINCINNATI, OH 45242	3c Administrator's telephone number <u>513-792-6648</u>	4b EIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4c PN	5a <u>19</u>
5a Total number of participants at the beginning of the plan year	5b <u>19</u>	5c
b Total number of participants at the end of the plan year.....	5c	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No	

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	132375	281757
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	132375	281757
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	155800	
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss)	8b	-6418	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		149382
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d		
e 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		0
i Net income (loss) (subtract line 8h from line 8c).....	8i		149382
j Transfers to (from) the plan (see instructions)	8j		

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:

1A 1D 1G

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**

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ 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. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c 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 of a negative amount)	12d	

e Will 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 Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 HERE	Filed with authorized/valid electronic signature.	07/31/2012	JANEL CARROLL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2012	MICHAEL J. CHASNOFF
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>TRUEPOINT, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUEPOINT CAPITAL, LLC</u>	D Employer Identification Number (EIN) <u>31-1306367</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>123710</u>
b Actuarial value	2b <u>123710</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a (1) Number of participants <u>0</u> (2) Funding Target <u>0</u>
b For terminated vested participants	3b <u>0</u> <u>0</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>140557</u>
(3) Total active	3c(3) <u>19</u> <u>140557</u>
d Total	3d <u>19</u> <u>140557</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.02 %</u>
6 Target normal cost	6 <u>140557</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/16/2012</u>
Signature of actuary <u>TIMOTHY A. BRUMBAUGH, A.S.A.</u>	Date <u>11-04926</u>
Type or print name of actuary <u>NILES LANKFORD GROUP, INC.</u>	Most recent enrollment number <u>574-936-6200</u>
Firm name <u>1500 NORTH OAK DRIVE</u> <u>PLYMOUTH, IN 46563</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>0.00</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.41</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	88.01 %
15	Adjusted funding target attainment percentage.....	15	88.01 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/05/2011	37487				
10/28/2011	29990				
03/07/2012	88323				
			Totals ►	18(b)	155800
				18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 148583
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c	If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 3.37%	2nd segment: 6.04%	3rd segment: 6.49 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	140557	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	16847	2747	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	143304	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	143304	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	148583	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5279	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan TRUEPOINT, INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) <u>002</u> D Employer Identification Number (EIN) 31-1306367
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUEPOINT CAPITAL, LLC

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>		
2	Assets:	2a	123,710
	a Market value	2b	123,710
3	b Actuarial value	(1) Number of participants	
	Funding target/participant count breakdown:	(2) Funding Target	
	a For retired participants and beneficiaries receiving payment	3a	0
	b For terminated vested participants	3b	0
	c For active participants:		
	(1) Non-vested benefits	3c(1)	140,557
	(2) Vested benefits	3c(2)	140,557
	(3) Total active	3c(3)	140,557
d	Total	3d	19
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
	5 Effective interest rate	5	5.02 %
6	Target normal cost	6	140,557

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div style="border: 1px solid black; padding: 5px; width: 100px; float: left;">SIGN HERE</div> <div style="margin-left: 100px;"> <u>TMB</u> Signature of actuary TIMOTHY A. BRUMBAUGH, A.S.A. Type or print name of actuary NILES LANKFORD GROUP, INC. Firm name 1500 NORTH OAK DRIVE PLYMOUTH IN 46563 Address of the firm </div>	<u>7/16/12</u> Date 11-04926 Most recent enrollment number (574) 936-6200 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2011 v.012611

Part II	Beginning of year carryover and prefunding balances
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Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of 0.00%.....		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year).....		0
b	Interest on (a) using prior year's effective rate of 5.41% except as otherwise provided (see instructions).....		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....	0	0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....		

Part III	Funding percentages
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Part III		Funding percentages		
14	Funding target attainment percentage		14	88.01 %
15	Adjusted funding target attainment percentage		15	88.01 %
16	Prior year's funding percentage for purposes of determining whether carryover/profunding balances may be used to reduce current year's funding requirement		16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.		17	%

Part IV	Contributions and liquidity shortfalls
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Part IV Contributions and liquidity					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/05/2011	37,487				
10/28/2011	29,990				
03/07/2012	88,323				
Totals •			18(b)	155,800	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: **19a**

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.		19a	0
a Contributions allocated toward unpaid minimum required contributions from prior years.		19b	0
b Contributions made to avoid restrictions adjusted to valuation date.		19c	148,583
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.			

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes ☐ No ☐

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				☐ N/A, full yield curve used
a Segment rates:	1st segment: 3.37 %	2nd segment: 6.04 %	3rd segment: 6.49 %	
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):	31a	140,557
a Target normal cost (line 6)	31b	0
b Excess assets, if applicable, but not greater than 31a		
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16,847	2,747
b Waiver amortization installment.....	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	143,304
35 Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	143,304
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	148,583
38 Present value of excess contributions for current year (see instructions)	38a	5,279
a Total (excess, if any, of line 37 over line 36)	38b	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	39	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	40	0
40 Unpaid minimum required contributions for all years.....		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:	☐ 2 plus 7 years ☐ 15 years
a Schedule elected	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
b Eligible plan year(s) for which the election in line 41a was made	42
42 Amount of acceleration adjustment	43
43 Excess installment acceleration amount to be carried over to future plan years	

TRUEPOINT, INC. DEFINED BENEFIT PLAN
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: TRUEPOINT, INC. DEFINED BENEFIT PLAN
Plan EIN: 31-1306367
Plan Number: 002

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount
08/05/2011	37487.00	2011	5.02%	36416.00
10/28/2011	29990.00	2011	5.02%	28807.00
03/07/2012	88323.00	2011	5.02%	83360.00
Total for Minimum Required Contribution	155800.00			148583.00

TRUEPOINT, INC. DEFINED BENEFIT PLAN
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: TRUEPOINT, INC. DEFINED BENEFIT PLAN
Plan EIN: 31-1306367
Plan Number: 002

The weighted average retirement age of 63 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

TRUEPOINT, INC. DEFINED BENEFIT PLAN
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: TRUEPOINT, INC. DEFINED BENEFIT PLAN
Plan EIN: 31-1306367
Plan Number: 002

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment:	3.37%
Second Segment:	6.04%
Third Segment:	6.49%

PBGC Segmented Rates

First Segment:	1.98%
Second Segment:	5.23%
Third Segment:	6.52%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table	2011 430(h)(3)(A)-Optional combined
	Mortality table applied on a static basis

IRC417(e)(3) Interest Assumption

Segment Rate	same as Funding Yield Curve Segmented Rates
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IRC417(e)(3) Pre-retirement Mortality

Mortality Table	None
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IRC417(e)(3) Retirement Mortality

Mortality Table	2011 417(e)(3) Applicable Mortality Table
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Optional Forms Assumption

- 0% of participants will elect the Plan Normal Form
- 100% of participants will elect a Lump Sum (single payment)

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings	4% Effective annual rate
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Retirement Actuarial Equivalence Assumptions

Investment Earnings	4% Effective annual rate
Mortality Table	1994 GAR PROJ 2002

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings	5% Effective annual rate
Mortality Table	2011 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

TRUEPOINT, INC. DEFINED BENEFIT PLAN
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: TRUEPOINT, INC. DEFINED BENEFIT PLAN
Plan EIN: 31-1306367
Plan Number: 002

Investment Earnings

5% Effective annual rate

Defined Contribution Offset Projection Pre-Retirement Interest Assumption

Same as the Pre-retirement Actuarial Equivalence Interest Assumption

Defined Contribution Offset Projection Retirement Assumptions

Same as the Retirement Actuarial Equivalence Assumptions

TRUEPOINT, INC. DEFINED BENEFIT PLAN
Schedule SB, Part V - Summary of Plan Provisions
Plan Name: TRUEPOINT, INC. DEFINED BENEFIT PLAN
Plan EIN: 31-1306367
Plan Number: 002

Plan Effective Date	January 1, 2010
Plan Anniversary Date	January 1, 2011
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12
Plan Entry Date	Date of satisfaction of the requirements
Normal Retirement Date	62nd birthday and the completion of 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	Lump Sum (single payment)
Normal Retirement Benefit	8.46% per YOP times AMC for M. Chasnoff 0.5% per YOP times AMC for Others All benefits offset by a maximum of 0.5% per YOP times AMC of the equivalent benefit earned in Truepoint, Inc. 401(k) Profit Sharing Plan Maximum years of past service: 0 Past service is prior to the date of entry IRC415 maximum annual benefit: \$195,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation
Compensation Definition	Highest consecutive 3 year average salary over all service Annual salary up to \$245,000 considered
Pre-Retirement Death Benefit	Lump sum payable on death of participant
Benefit Amount	100 times the normal retirement benefit
Vested Retirement Benefit	Vesting Schedule: 25% per year (4 year graded) Computation Period: Plan Years Based on Hours Worked Records
Accrued Retirement Benefit	Units accrued to date

TRUEPOINT, INC. DEFINED BENEFIT PLAN
Schedule SB, line 26 - Schedule of Active Participant Data
Plan Name: TRUEPOINT, INC. DEFINED BENEFIT PLAN
Plan EIN: 31-1306367
Plan Number: 002

Age	Years of Credited Service											
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24	
	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.
<25			1									
25-29			2									
30-34			2									
35-39			1		3							
40-44			2		2				1			
45-49			1				1					
50-54			1							1		
55-59												
60-64												
65-69												
70+												

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

TRUEPOINT, INC. DEFINED BENEFIT PLAN
Schedule SB, line 32 - Schedule of Amortization Bases
Plan Name: TRUEPOINT, INC. DEFINED BENEFIT PLAN
Plan EIN: 31-1306367
Plan Number: 002

Type of Base	Present Value	Date Established	Years Remaining	Amount of Installment
Shortfall Base	16,847	01/01/2011	7	2,747