## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	n the instructions to the Form 5	000-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	-employer plan (not multiemploye	r)	a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	X an amended return/report	a short pla	an year return/report (less than 12	months)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	_
Pa	art II Basic Plan Information—enter all requested information	ation			
	Name of plan			1b -	Three-digit
KEN	TUCKY HAND & PHYSICAL THERAPY 401K PROFIT SHARING PL	AN			olan number
					(PN) • 001
				1C	Effective date of plan 01/01/2002
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2b F	Employer Identification Number
	TUCKY HAND & PHYSICAL THERAPY		73. 2. 2g. 2p. 2p. 2p. 2y		EIN) 01-0578520
				2c 3	Sponsor's telephone number
151 N	NORTH EAGLE CREEK DRIVE				859-264-8866
LEXI	NGTON, KY 40509			2d E	Business code (see instructions)
2-	<b>5</b>	. "0	II)	O.L.	621111
	Plan administrator's name and address (if same as plan sponsor, er TUCKY HAND & PHYSICAL THERAPY 151 NORTH E		,	3D A	Administrator's EIN 01-0578520
	LEXINGTON,			3c /	Administrator's telephone number
					859-264-8866
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
	Total number of participants at the beginning of the plan year			_	34
b	Total number of participants at the end of the plan year			- Ou	C
C	Number of participants with account balances as of the end of the p			30	
	complete this item)		•	5c	C
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No
b	. ,				X Yes □ No
	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		,		res [] No
Pa	rt III Financial Information	21111 0000	or and must misteau use i orm	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	2090381		0
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	2090381		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		, ,		. ,
	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-78195		70105
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-78195
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2138439		
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			2138439
i	Net income (loss) (subtract line 8h from line 8c)	8i			-2216634
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500.	SF.	201

Page <b>2</b> - 1
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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

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

<b>0</b> Du	unione the colon vector.		Ves	NI-		_		
	uring the plan year:		Yes	No		A	mount	
	/as there a failure to transmit to the plan any participant contributions within the time period described in 19 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	100						
	n line 10a.)	10b		X				
c v	Vas the plan covered by a fidelity bond?	10c		Χ				
	· · · · · · · · · · · · · · · · · · ·							
	id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,							
	surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X				
	·	100		X				
' Ha	as the plan failed to provide any benefit when due under the plan?	10f						
<b>j</b> Di	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			X				
	520.101-3.)	10h		,,				
	10h was answered "Yes," check the box if you either provided the required notice or one of the	40:						
	cceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
t VI								
	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com		Sched	lule SE	(For	m	Пу	
	500))							, 🗆 ı
	••						Ye	
ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	旹
ls (If	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ction 3	302 of	ERIS	A?	Ye	1 X
ls (If	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	or se	ction 3	302 of enter th	ERIS	A? e of the	Ye:	s X I
ls (If a If a gra	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.  Mont	or se	ction 3	302 of enter th	ERIS	A? e of the	Ye:	s X I
Is (If a If a gra f you	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.  Mont a completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	or se	and e	302 of enter th Day	ERIS	A? e of the	Ye:	s X I
Is (If a If a gra f you D En	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.	or se	and e	302 of enter th Day	ERIS	A? e of the	Ye:	s X I
Is (If a If a gra f you D En	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction and the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.	or se	and e	302 of enter th Day	ERIS	A? e of the	Ye:	s X I
Is (If a If a gra f you En En S En	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.	or sections,	and e	302 of enter th Day	ERIS	A? e of the	Ye:	s X I
Is (If a If a gra f you En En S En	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction and the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Justice the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	or se	and e	12b 12c 12d	ERIS	A? e of the	Ye:	s X I
Is (If a If a grant of your beauty)  C End Sune of Williams	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)  It is the minimum funding amount reported on line 12d be met by the funding deadline?	or se	and e	12b 12c 12d	ERIS	A? e of the	Yes	uling
Is (If a gra f you b En C En d Su ne e Wi	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction and the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Bubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)  Bubtract the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets	e or se	and e	12b 12c 12d	ERIS	A? e of the	Yes	uling
Is (If a graf you on the content of	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the egative amount).  It is the minimum funding amount reported on line 12d be met by the funding deadline?	or se	and e	12b 12c 12d	ERIS.	A? e of the	Yes	uling
Is (If (If you be End of Sune et VIII a Ha) Will (If ')	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver.  Monta completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)  I Plan Terminations and Transfers of Assets  as a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year	or sections, th	and e	12b 12c 12d	ERIS.	A? e of the	letter reear	uling
Is (If (If you have a second of you have with the second of the second o	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)  I Plan Terminations and Transfers of Assets  as a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year	or se	and e	12b 12c 12d 	ERIS.	A? e of the	Yes	uling
Is (If f grad grad grad grad grad grad grad grad	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)  I Plan Terminations and Transfers of Assets  as a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year  "Yes," enter the amount of any plan assets that reverted to the employer this year  ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	or se	and e	12b 12c 12d 	ERIS.	A? e of the	letter reear	uling
Is (If f grad grad grad grad grad grad grad grad	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver	or se	and e	12b 12c 12d	ERIS.  Yes [	A? e of the	No Yes	uling N/
Is (Iff (Iff (Iff (Iff (Iff (Iff (Iff (I	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver.  Montal completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of egative amount)  I Plan Terminations and Transfers of Assets  as a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year  "Yes," enter the amount of any plan assets that reverted to the employer this year  ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	or se	and e	12b 12c 12d 	ERIS.  Yes [	A? e of the	No Yes	uling
Is (If	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver	or se	and e	12b 12c 12d	ERIS.  Yes [	A? e of the	No Yes	uling N/
Is (If	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver	or se	and e	12b 12c 12d	ERIS.  Yes [	A? e of the	No Yes	uling 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.	08/31/2012	JASON WILLOUGHBY
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

10104 07/24/2012 3:03 PM

## Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan Department of the Treesury Internal Revenue Service

This form is required to be filse under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 2011

OMB Nos. 1210 - 0110 1210 - 0089

This Form is Open to Public

Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code).

Per	nsion Benefit Guaranty Corporation	Complete all entries in	accordance with t	he instructions to th	e Fo	rm 5500-SF.		Inspection
	Annual Report lo	lentification Informati	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					
	alendar plan year 2011 or fiscal			and ending				
		single-employer plan	a multiple-en	nployer plan (not multis	emplo	oyer) 🔲 a o	ne-p	participant plan
	his return/report is:	the first return/report	X the final retu	rn/report				
D 11	ins return open is.	an amended return/report	a short plan	year return/report (less	than	12 months)		
CO	heck box if filing under:	Form 5558	automatic ex			□ DF	VC	broåtam
Ç V	HECK DOX II MING VIIVO	special extension (enter des						
Pair	III Basic Plan Infor	mation—enter all requeste						
	Name of plan						16	Three-digil plan
	KENTUCKY HAND & PI	HYSICAL THERAPY					4 -	number (PN) 001
	401K PROFIT SHARIN						1 C	Effective date of plan
							7 la	01/01/2002
2a	Plan sponsor's name and add	ress; include room or suite n	umber (employer, if	for a single-employer	plan)		2b	Employer Identification No.
F	ENTUCKY HAND & PHY	YSICAL THERAPY					2.	(EIN) 01-0578520
							2c	Sponsor's telephone number 859-264-8866
1	51 NORTH EAGLE CRE					-	2d	Buşiness code (see instr.)
1	EXINGTON	KY 40509					4U	Bhriuezz coda (zee man.)
								621111
							3b	Administrator's EIN
3a	Plan administrator's name and	d address (if same as plan sp	oonsor, enter "Same	·")			V 14	Transmitted and a contract of the contract of
I	KENTUCKY HAND & PH	YSICAL THERAPY						01-0578520
							3c	Administrator's
	L51 NORTH EAGLE CRU						00	telephone number
]	Lexington	KY 40509						talephone number
								859-264-8866
				Itil-a cotor the name	FIN		4b	EIN
4	If the name and/or EIN of the plan	sponsor has changed since the la	ist return/report filed for	inis pian, enter die name,	CII4,		4c	PN
	and the plan number from the last	return/report, a Sponsor's name					5a	34
5a	Total number of participants a		ear				5b	0
b	Total number of participants a	at the end of the plan year	and defined bond	t place do not complete th	is item	)	5c	0
C	Number of participants with account	nt balances as of the end of the pi	an year (delined benefit	(Con instructions)	10 11011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X Yes No
6a	Were all of the plan's assets Are you claiming a waiver of	during the plan year invested	oned of an indepen	dent qualified public a	ccou	ntant (IQPA)		
b	Are you claiming a waiver of t	ine annual examination and t	aligibility and conditi	nns )				X Yes No
	under 29 CFR 2520.104-46? If you answered "No" to eit	(See instructions on waiver to	and use Form 6600	SF and must instead	d use	Form 6600.		
	Financial Inform	ner ba or op, the plan cam	101 030 1 01111 0000					
		nation		191	(	a) Beginning of Y	ear	(b) End of Year
7	Plan Assets and Liabilities					20903		0
a					b			
b	Total plan liabilities  Net plan assets (subtract line	75 feet lloo 70\		7	c	20903	81	
C	Net plan assets (subtract line	-f-+ forthle Plan Year	. I	167	10(1)	(a) Amount		(b) Total
8	Income, Expenses, and Tran							SMCVER CANAL SECTION
a	Contributions received or rec			8a	(1)			
	1) Employers			8a	(2)			
				8a	(3)			
	Others (including rollovers)	/		8	b	-783		
d	Total income (add lines 8a/1)	), 8a(2), 8a(3), and 8b)			I		A STREET OF	as provide contract to the second of the second provide the second of th
C	Renefite reld (Including direc	ct rollovers and insurance pre	mlums to provide b	enefits)	d	21384	139	
d	Codein deemed and/or corre	ective distributions (see instru	ictions)	1 4	86			
ę	Administrative carries provide	lers (salaries, fees, commissi	ions)		8f			
1	Villa orceance				g		er fall	
g	Other expenses (add lines 8d	I, 8e, 8f, and 8g)						2138439
h		ne 8h from line 8c)		L	_		Dercie.	-221663 <u>4</u>
1	Tennetore to (from) the plan (	(see instructions)			Bj			5-1-2844 SE (2844)
FOCE	anarwork Reduction Act Notice and Ol	MB Control Numbers, see the Instruc	llons for Form 6500-SF.					Form \$500-SF (2011)

Form 5500-SF 2011

01-0578520

Page 2- [

Elliantration	V Plan Characteristics				
Part	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl	haracteristic	Code	s in the in	structions:
9a	2E 2J 2K 2G 2R 3D				
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch.	aracterístic	Codes	in the inst	tructions:
1.7	II the plan provided house bottomer over				- Total Marie Control of the Control
197:17	Compliance Questions		1		-
10	During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described	in		x	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		A	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		x	
	on line 10a.)	10c	-	х	
Ç	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	d			
d		10d		х	
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,				
е	insurance service or other organization that provides some or all of the benefits under the plan? (See				
	Instructions.)	10e		Х	AVEV
f	Has the plan falled 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 Bades	
h	If this is an Individual account plan, was there a blackout period? (See instructions and 29 CFR			x	
	2520.101-3.)	10h	-	A PAGE	
į	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	101		E.W.	
·	exceptions to providing the notice applied under 29 CFR 2520.101-3			149710	The state of the s
	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions and or	complete So	chedule	SB (Form	n
11		70111p1010			Yes No
40	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302	of ERISA?			Yes X No
12	(1.5) 1 14 40 10h 40h 40h 40h 40h 40h 40h 40h 40h 40h 4				
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	structions, a	nd ente	er the date	e of the letter ruling
a	granting the waiver.	Month	D	ay	Year
1f v	ou 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		424	
	negative amount)			12d Yes	s No N/A
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		111000	100	5 110 11071
PEI	Plan Terminations and Transfers of Assets				X Yes No
13a	Has a resolution to terminate the plan been adopted in any plan year?			13a	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	aht under ti	ne conf		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	giit ander ii	10 0011		X Yes No
	of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), Identi	ify the plan(	s) to	,	
C	If during this plan year, any assets or liabilities were transferred from this plan of another plants.		_		
	which assets or Ilabilities were transferred. (See instructions.)	13	3c(2)	EIN(s)	13c(3) PN(s)
	13c(1) Name of plan(s):				
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i					
Car	titon: A penalty for the late or incomplete filling of this return/report will be assessed unless reas	onable cau	150  5 (	stablish	ed.
	the standard of the repulling set forth in the instructions. I declare that I have examined this return report, increase	intig' u abbur	Jubiol a	O411444.0	
SB	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to t	the best of my	/ knowie	dge and	
belie	t it is Tries correct, and completed		-		
	7-31-12 JASON V			na se nlar	administrator
alen Hen	Signature of plan administrator) Date Enter name	or individu	ai eigiji	ng as biai	administrator
SIGN		f Individual pi	nnina as	employer	or plan sponsor
BERE	Signature of employer/plan sponsor Date Enter name of	I IIIOIAIGUAI SI	gring da	City of C	