## 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

| P        |   | lance witl   | n the instructions to the Form 5500    | 0-SF.                             |                            | •        |      |  |  |
|----------|---|--------------|--|-----------------------------------|----------------------------|----------|------|--|--|
| Pä       | art I Annual Report Identification Information  |              |  |                                   |                            |          |      |  |  |
| For      | calendar plan year 2011 or fiscal plan year beginning 01/01/2011  |              | and ending 1                           | 2/31/2                            | 011                        |          |      |  |  |
| Α .      | This return/report is for:  | a multiple   | -employer plan (not multiemployer)     | Ī                                 | a one-particip             | ant plan |      |  |  |
|          |   | •            | eturn/report                           | L                                 | _ ' '                      | •        |      |  |  |
|          |   |              | •                                      | antha\                            |                            |          |      |  |  |
| _        |   |              | in year return/report (less than 12 mo | ontns)<br>r                       | 7                          |          |      |  |  |
| С        | Check box if filing under:  | automatic    | extension                              |                                   | DFVC progra                | m        |      |  |  |
|          | special extension (enter description  | n)           |  |                                   |                            |          |      |  |  |
| Pa       | Irt II Basic Plan Information—enter all requested informa   | ation        |  |                                   |                            |          |      |  |  |
| 1a       | Name of plan  |              |  | 1b                                | Three-digit                |          |      |  |  |
|          | TH CENTRAL KENTUCKY OPEN MRI CENTER, P.S.C. PROFIT SH   | IARING P     | LAN                                    |                                   | plan number                |          |      |  |  |
|          |   |              |  |                                   | (PN) <b>▶</b>              | 002      |      |  |  |
|          |   |              |  | 1c                                | Effective date of          |          |      |  |  |
|          |   |              |  |                                   | 01/01                      | /1999    |      |  |  |
|          | Plan sponsor's name and address; include room or suite number (en<br>TH CENTRAL KENTUCKY OPEN MRI CENTER, P.S.C.    | nployer, if  | for a single-employer plan)            |                                   | Employer Identif           |          | er   |  |  |
| 300      | THE CENTRAL RENTOCKT OF EN WIRT CENTER, F.S.C.  |              |  |                                   | (EIN) 61-13                |          |      |  |  |
|          |   |              |  | 2c                                | Sponsor's telep            |          |      |  |  |
|          | E. ADAMS ST. STE 4 120 E. ADAM  |              |  | 0.1                               | 502-222                    |          |      |  |  |
| LAGI     | RANGE, KY 40031 LAGRANGE,   | KY 40031     |  | 2d Business code (see instruction |                            |          |      |  |  |
| <u> </u> |   |              |  | 621111                            |                            |          |      |  |  |
|          | Plan administrator's name and address (if same as plan sponsor, en<br>TH CENTRAL KENTUCKY OPEN MRI CEN 120 E. ADAMS |              | ,                                      | 3D /                              | Administrator's I<br>61-13 |          |      |  |  |
|          | LAGRANGE, F   |              |  | 3c                                | Administrator's t          |          | nher |  |  |
|          |   |              |  | 00 /                              | 502-222                    |          | ibci |  |  |
| 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                                | EIN                        |          |      |  |  |
|          | name, EIN, and the plan number from the last return/report.   |              | ·                                      |                                   |                            |          |      |  |  |
| а        | Sponsor's name  |              |  | 4c                                | PN                         |          |      |  |  |
| 5a       | Total number of participants at the beginning of the plan year  |              |  | 5a                                |                            |          | 2    |  |  |
| 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 pl  | lan year (d  | defined benefit plans do not           |                                   |                            |          |      |  |  |
|          | complete this item)   |              | ·                                      | 5c                                |                            |          | 1    |  |  |
| 6a       | Were all of the plan's assets during the plan year invested in eligible   | e assets?    | (See instructions.)                    |                                   |                            | X Yes    | No   |  |  |
| b        | - , · · · · · · · · · · · · · · · · · ·   |              |  |                                   |                            |          | 1    |  |  |
|          | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a   |              | · ·                                    |                                   |                            | X Yes    | No   |  |  |
|          | If you answered "No" to either 6a or 6b, the plan cannot use Fo   | rm 5500-     | SF and must instead use Form 550       | 00.                               |                            |          |      |  |  |
|          | rt III   Financial Information  |              |  |                                   |                            |          |      |  |  |
| 7        | Plan Assets and Liabilities   |              | (a) Beginning of Year                  |                                   | (b) End                    |          |      |  |  |
| а        | Total plan assets   | 7a           | 853751                                 |                                   |                            | 760067   |      |  |  |
| b        | Total plan liabilities  | 7b           | 851                                    |                                   |                            | 2500     | )    |  |  |
| С        | Net plan assets (subtract line 7b from line 7a)   | 7c           | 852900                                 |                                   |                            | 757567   | 7    |  |  |
| 8        | Income, Expenses, and Transfers for this Plan Year  |              | (a) Amount                             |                                   | (b) T                      | otal     |      |  |  |
| а        | Contributions received or receivable from:  |              |  |                                   |                            |          |      |  |  |
|          | (1) Employers   | 8a(1)        |  |                                   |                            |          |      |  |  |
|          | (2) Participants  | 8a(2)        | 1454                                   |                                   |                            |          |      |  |  |
|          | (3) Others (including rollovers)  | 8a(3)        |  |                                   |                            |          |      |  |  |
| b        | Other income (loss)   | 8b           | -1766                                  |                                   |                            |          |      |  |  |
| С        | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c           |  |                                   |                            | -312     | 2    |  |  |
| d        | Benefits paid (including direct rollovers and insurance premiums  |              |  |                                   |                            |          |      |  |  |
|          | to provide benefits)  | 8d           | 66800                                  |                                   |                            |          |      |  |  |
| е        | Certain deemed and/or corrective distributions (see instructions)   | 8e           |  |                                   |                            |          |      |  |  |
| f        | Administrative service providers (salaries, fees, commissions)  | 8f           | 28221                                  |                                   |                            |          |      |  |  |
| g        | Other expenses  | 8g           |  |                                   |                            |          |      |  |  |
| h        | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h           |  |                                   |                            | 95021    |      |  |  |
| i        | Net income (loss) (subtract line 8h from line 8c)   | 8i           |  |                                   |                            | -95333   |      |  |  |
| ;        | Transfers to (from) the plan (see instructions)   |              |  |                                   |                            |          |      |  |  |
| J        | יומווטוסוס נט (ווסווו) נווס פומוו (שבל וווטווטלווטווט)  | 8j           |  |                                   |                            |          |      |  |  |

| Form | 5500. | SF. | 201 |
|------|-------|-----|-----|

| Page 2 - | 1 |  |
|----------|---|--|
|----------|---|--|

| Part IV | Plan    | Charac | teristics |
|---------|---------|--------|-----------|
| railiv  | ı Fiaii | Charac | teristics |

- 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 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                     |        | Amo           | 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                 | Χ       |                        |        |               | 15      |
| Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  | 10b                 |         | X                      |        |               |         |
| Was the plan covered by a fidelity bond?   | 10c                 | Χ       |                        |        |               | 1000    |
| 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                      |        |               |         |
| 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.)  | 10g                 | X       |                        |        |               | 487     |
| 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                 |         |                        |        |               |         |
| VI Pension Funding Compliance  | 1 1                 |         | I                      |        |               |         |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com  | nplete :            | Sched   | ule SB                 | (Form  |               |         |
|  |                     |         |                        |        |               |         |
| 5500))   |                     |         |                        |        |               |         |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code   |                     |         |                        |        |               | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  | e or se             | ction 3 | 302 of E               | RISA?  |               | Yes X   |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 E               | ERISA? |               | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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             | ction 3 | 302 of E               | ERISA? |               | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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             | and e   | 302 of E               | ERISA? |               | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   | e or se             | and e   | 302 of Enter the       | ERISA? |               | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mor 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   | 302 of Enter the Day _ | ERISA? |               | Yes X   |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mor 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)  | e or sections, oth  | and e   | 12b 12c 12d            | ERISA? | of the le     | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mon 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 sections, oth  | and e   | 12b 12c 12d            | ERISA? | of the le     | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mor 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)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets   | e or se             | and e   | 12b 12c 12d            | ERISA? | of the le     | Yes X   |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mon 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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?   | e or se             | and e   | 12b 12c 12d            | ERISA? | of the le     | Yes X   |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Monyou 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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  It VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  | e or sections, of a | and e   | 12b 12c 12d Y          | ERISA? | of the le Yea | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mor 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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  I 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.   | of a                | and e   | 12b 12c 12d Y          | ERISA? | of the le Yea | Yes X   |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mon 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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  It VII Plan Terminations and Transfers of Assets  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 to   | of a                | and e   | 12b 12c 12d Y          | ERISA? | of the le Yea | Yes X   |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mor 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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  It VII Plan Terminations and Transfers of Assets  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?  | of a                | and e   | 12b 12c 12d [          | Yes    | of the le_Yea | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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.  Mor 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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  It VII Plan Terminations and Transfers of Assets  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 the which assets or liabilities were transferred. (See instructions.) | of a                | and e   | 12b 12c 12d Y          | Yes    | of the le_Yea | Yes X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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  | of a                | and e   | 12b 12c 12d [          | Yes    | of the le_Yea | Yes X I |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 10/11/2012 | DAN HALL   |
|------|---|------------|--|
| 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 |

## 2011 Form 5500 Schedule I, Line 4a - Schedule of Delinquent Participant Contributions

|                           | Total that Constitute | Total Fully Corrected Under |
|---------------------------|-----------------------|-----------------------------|
| Participant Contributions | Nonexempt Prohibited  | VFCP and PTE                |
| Transferred Late to Plan  | Transactions          | 2002-51                     |

\$1,550.01

|     | Check here is |                   |               |                                  |  |
|-----|---------------|-------------------|---------------|----------------------------------|--|
| 1   | Late          |                   |               |                                  |  |
| 1   | Participant   |                   | Contributions |                                  |  |
| ١   | Loan          | Contributions Not |               | Contributions Pending Correction |  |
| - 1 | Repayments    |                   |               | ı                                |  |
|     | are included: | Corrected         | VFCP          | in VFCP                          |  |

\$1,550.01

\$

Oct. 11. 2012 10:29AM

No. 0628

## OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plan This form is required to be filed under acotions 104 and 4065 of the Employee Department of the Treasury 2011 Retirement income Security Act of 1974 (ERISA), and sections 6067(b) and 6058(a) This Form le Open Department of Labor Employee Reneally Security Auministration of the Internal Revenue Code (the Code). to Public Inspaction ► Complete all entries in accordance with the instructions to the Form 5500-8F. Pension Benefil Gurranty Corporation Annual Report Identification Information 12/31/2011 01/01/2011 and ending For calendar plan year 2011 of fiscal plan year beginning ∐ a one-participant plan a multiple-employer plan (not multiemployer) X a single-employer plan This return/report is for: the final return/report the firs: return/report This return/report is: a short plan year return/raport (less than 12 months) an amended return/report DFVC program automatio extension Form 5558 Check box if filing under: apacial extension (enter description) Basic Plan Information - enter all requested information 1b Three-digit plan number (PN) 19 Nome of plan 002 SOUTH CENTRAL KENTUCKY OPEN MRI CENTER, P.S.C. 1c Effective date of plan PROFIT SHARING PLAN 01/01/1999 26 Employer Identification Number (EIN) 20 Plan aponsor's name and address; include room or sulta number (employer, if for single-employer plan) 61-1321271 SOUTH CENTRAL KENTUCKY OPEN MRI CENTER, P.S.C. 2c Spondor's telephone number (502) 222-3281 120 E. ADAMS ST. STE 4 2d Business code (ago instructions) 621111 KY 40031 LAGRANGE 3b Administrator's EIN 3a Plan administrator's name and address (1 same as plan sponsor, enter '8eme') SAME 3p Administrator's telephone number 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. 4c PN а Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 16 5b Total number of perticipants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined 15 benefit plans do not complete this item) No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.) b Are you claiming a walver of the annual examination and report of an independent qualified public accountant ΠNo (IQPA) under 29 CFR 2520,104:467 (Sec Instructions on waiver eligibility and conditions.) lf you answered "No" to either 6a or Bjչ, the plan ognnot use Form 5500-8F and must instead use Form 5500. Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 853,751 a Total plan assets ..... 7a 500 851 7b Total plan liabilities 757 852,900 70 Net plan accets (aubtract line 7b from line 7a) (b) Total (a) Amount Income, Expanson, and Transfers for this Plan Year B Contributions received or receivable from: (1) Employers 80(1) (2) Participants 8B(2) (3) Others (Including rollovere) 8a(3) -1,766b Other Income (1099) SELL STATEMENT 1 θЬ C Total income (add lines 6a(1), 8a(2), 8a(3), and 8b) ...... O¢ 66,800 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) ... βd C Certain deemed and/or corrective district utions (see instructions) βø 28,221 f Administrative service providers (salarien, fees, commissions) Bf Bg Other expenses

h Total exponses (add lines 8d, 8e, 8i, and 8g) Net income (loss) (subtract line 8h from line 8c)

Oct. 11. 2012 10:30AM

No. 0628 P. 3

| orm f      | 3500-SF (2011)   |  |                                  | Page 2    | 2-       |         |               | -           |                                       |
|------------|--|--|----------------------------------|-----------|----------|---------|---------------|-------------|---------------------------------------|
| VIIII V    | 300'01 (2011)  |  |                                  |           |          |         |               |             |                                       |
| 2312       | Plan Characteristics   |  |                                  |           |          |         |               | · the leads | · · · · · · · · · · · · · · · · · · · |
| 9a         | If the plan provides pension benefits, enter the a   | applicable panalon feature   | codes from the Llat of           | Plan C    | )harao   | letol   | ; C0009       | IV ING MAN  | nctions,                              |
| 7 173      | 2 7 2 2 2 1  |  |                                  |           |          |         |               |             |                                       |
| b          | If the plan provides welfare benefits, enter the ap  | oplicable welfare feature c  | odes from the List of F          | 7/24 CII  | araoid   | VISIR   | Godos         | THO HOR -   |                                       |
|            | Compliance Questions   |  |                                  |           | ٠,٠      | 1.      |               | Amount      |                                       |
| 10         | During the plan year:  |  |                                  |           | Yes      | No      |               | Minoun      |                                       |
| 0          | Was there a fellure to transmit to the plan any participal   | int contributions within the tir   | me period dascribed              |           |          |         |               |             | 1,550                                 |
|            | In 29 CFR 2610.3-102? (See Instructions and DOL?   | Voluntary Fiduciary Cor  | racilon Program.)                | 10n       | X        |         |               |             | ,                                     |
|            | Were there any nonexempt transactions with any   |  |                                  | 126       |          | x       |               |             |                                       |
|            | transactions reported on line 10a.) ,,,,   |  |                                  | 10b       | X        | ^       |               | 10          | 00,000                                |
| 0          | Was the plan covered by a fidelity bond?   |  |                                  | 10c       | ^        | -       |               |             | ,,,,,,,                               |
| d          | Did the plan have a lose, whether or not mimbur  | sed by the plan's fidelity i   | bond, that                       | 1         |          | x       |               |             |                                       |
|            | was caused by fraud or dishonesly?   |  |                                  | 10a       | -        |         |               |             |                                       |
| 0          | Were any fees or commissions paid to any broke   | ere, agente, or other person   | one by an ineurance              |           |          |         |               |             |                                       |
|            | carrier, insurance service or other organization ti  |  |                                  | 1         |          | x       | 1             |             |                                       |
|            | the plan? (See Instructions.)  |  |                                  | 10e       |          | X       | -             | -           |                                       |
|            | Has the plan falled to provide any benefit when the  |  |                                  | 101       | ų-       |         |               |             | 18,753                                |
|            | Did the plan have eny participant loans" (if "Yes  |  |                                  | 10g       | X        |         | 19 Acres 1900 |             |                                       |
| h          | If this is an individual account plan, was there a   | blackout period? (See ins  | itructions                       |           |          | ا پ ا   |               |             |                                       |
|            | and 29 CFR 2520.101-3.)  |  |                                  | 10h       | <b>-</b> | X       |               |             | 11.0                                  |
|            | If 10h was answered "Yes," check the Lox If you  | NO DECEMBER DESCRIPTION OF THE PROPERTY OF THE |                                  |           |          |         |               |             |                                       |
|            | of the exceptions to providing the notice explica  |  | <b>3</b>                         | 101       | J        |         | KO ZV.        | X ST. China |                                       |
|            | Pension Funding Compliance   |  |                                  |           |          | -       |               |             | _                                     |
|            | le this a defined benefit plan subject to minimum  |  |                                  |           |          |         |               | П.,         | X No_                                 |
|            | Schedule 8B (Form 5500))   |  |                                  |           |          |         |               | Yes_        | NO NO                                 |
|            | le this a defined contribution plan subject to the   |  |                                  |           |          |         |               | П.,         | <b>ਜ਼</b>                             |
|            | section 302 of ERISA? (If "Yes," complete 12a o  | or 12b, 12c, 12d, and 12e  | below, as applicable.)           |           | •••••    |         |               | YAR         | No 🔀                                  |
|            | fig a walver of the muminim ent to review a ti   |  |                                  |           |          |         |               |             |                                       |
|            | ruling granting the waiver.  | •,••,•,•,•,  | Month                            |           | Da       |         |               | Year        |                                       |
|            | rov completed line 12a, complete linux 3, 9, an  |  |                                  |           |          |         |               |             |                                       |
|            | Enter the minimum required contribution for this   |  |                                  |           |          | 12b     |               |             |                                       |
| C          | Enter the amount contributed by the employer to  | o the plan for this plan ye  | ar                               | ••••      |          | 120     |               |             |                                       |
|            | Subtract the amount in line 120 from the emount  |  |                                  |           |          |         |               |             |                                       |
|            | the left of a negative amount)   |  | •                                |           |          | 180     |               |             |                                       |
|            | Will the minimum funding amount reported on the  |  |                                  |           |          |         | (88           | No          | N/A_                                  |
|            | Plan Terminations and Transf   |  |                                  |           |          |         |               |             |                                       |
|            | Has a resolution to terminate the plan teen adop   |  |                                  |           |          |         |               | Yes         | X No                                  |
|            | If Yea, onler the amount of any plan assets the  |  |                                  |           |          |         |               |             |                                       |
|            | Were all the plan assets distributed to planticipan  |  |                                  |           |          |         |               | _           | _                                     |
|            | under the control of the PBGC?   |  |                                  |           |          |         | ····          | Yee         | No 🔀                                  |
|            | If during this plan year, any assets or lis bilities w   |  |                                  |           |          | plan(s  | to which      | h assets or | _                                     |
|            | Heblilles were transferred. (See instructions.)  |  |                                  |           | <i>_</i> |         |               |             |                                       |
|            | C(1) Name of plan(s):  |  |                                  | 1         | 13¢(2)   | FINE    |               | 130(3)      | PN(a)                                 |
|            | DIO COMPANY OF RESERVE   | ***************************************  |                                  |           | -        |         |               |             |                                       |
|            |  | 8 0  |                                  |           |          |         |               |             |                                       |
|            | · · · · · · · · · · · · · · · · · · ·  |  | <del></del>                      |           |          |         |               |             |                                       |
|            |  |  |                                  |           |          |         |               |             |                                       |
| Caul       | ion: A penalty for the late or incomplete filing   | at this saturn/report wil  | 229 mu hagaasaa                  | ~acqq     | able (   | -aure   | in ontab      | lished,     |                                       |
| Jinder pe  | ensiting of perjuty and other periodities and forth in the instructions<br>by an encolled actuary, as yer; as the electronic version of thin mit | s, I deciare that I have exemined th   | his reluminered, including, if a | pplicable | a Sohn   | dule 98 |               |             | ed and                                |
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| SION       | 1 / ) 4000   | 120/22/2012  |                                  |           |          |         |               |             |                                       |
| MH.        |  | 10/11/2012   | Enter name of Individu           | -l alas   |          |         | - designat    | ralor       |                                       |
|            | Signature of plan administrator  | Date   | FULLAL VELLIO OF INCINIOR        | nal aifii | ling a   | 3 piant | 2011111121    | 72101       |                                       |
|            |  |  |                                  |           |          |         |               |             |                                       |
| H          | Signature of employer/plan sponger   | Date   | Enter name of Individu           | ual sign  | ing as   | empl    | over or c     | olan aponac | or                                    |