Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part I	Annual Report Identific	ation Information			
For caler	ndar plan year 2009 or fiscal plan y	rear beginning 01/01/2008		and ending 09/15/2	2008
A This r	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or	
		a single-employer plan;	a DFE (s	pecify)	
B This r	eturn/report is:	the first return/report; an amended return/report;		return/report; an year return/report (less th	han 12 months).
C If the	plan is a collectively-bargained pla	n, check here			
	k box if filing under:	Form 5558;	automatio	extension;	the DFVC program;
		special extension (enter desc	cription)		
Part I	I Basic Plan Information	n—enter all requested informat	tion		
1a Nam					1b Three-digit plan
RICH CE	RTIFIED SERVICES 401 K PLAN				number (PN) ▶ 001 1c Effective date of plan 01/01/2006
(Addı	sponsor's name and address (emress should include room or suite restricted SERVICES		lan)		2b Employer Identification Number (EIN) 31-1561228
	201-200-2014				2c Sponsor's telephone number
	RCLE PORT DRIVE ER, KY 41018		R, KY 41018		2d Business code (see instructions)
Caution:	A penalty for the late or incomp	olete filing of this return/report	will be assessed u	unless reasonable cause i	s established.
					including accompanying schedules, lief, it is true, correct, and complete.
SIGN HERE					
TILITE	Signature of plan administrato	r	Date	Enter name of individual s	igning as plan administrator
SIGN HERE					
	Signature of employer/plan spo	onsor	Date	Enter name of individual s	igning as employer or plan sponsor
SIGN HERE					
TILIVE	Signature of DFE		Date	Enter name of individual s	igning as DFE

	Form 5500 (2009) Page 2		
	Plan administrator's name and address (if same as plan sponsor, enter "Same") CH CERTIFIED SERVICES		lministrator's EIN 1561228
	0 CIRCLE PORT DRIVE LANGER, KY 41018		ministrator's telephone Imber
4	Kithanana Mar FINI of the allegan and a channel allegan the lead on the first of the distribution of the first of the channel of		Ab civi
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 the plan number from the last return/report:	and	4b EIN 4c PN
а	Sponsor's name		4C PN
5	Total number of participants at the beginning of the plan year	5	
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	. 6a	
b	Retired or separated participants receiving benefits	. 6b	
С	Other retired or separated participants entitled to future benefits	. 6с	
d	Subtotal. Add lines 6a , 6b , and 6c	. 6d	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	
f	Total. Add lines 6d and 6e.	. 6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	. 6h	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
_	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Code for the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in		
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor (5) Plan benefit arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor	insurand	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the num	ber attac	ched. (See instructions)
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money) (3) General Schedules (1) H (Financial Information) (2) I (Financial Information)	,	Small Plan)

(3)

(4)

(5)

(6)

A (Insurance Information)C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

FINAL RETURN

Form **5500**

Annual Return/Report of 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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

➤ Complete all entries in accordance with

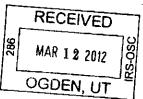
OMB Nos. 1210 - 6110 1210 - 0069

2007

This Form is Open to

Sign Benefit Guaranty Corporation Annual Report Identification Info	the instructions to the	Form \$500.		Public Inspection.
THE STATE OF THE S	mation			
or the calendar plan year 2007 or fiscal plan year beging. This return/report is for: (1) a multiemplaner plan			mating 09/15/	
A This return/report is for: (1) a multiemplayer plan (2) a single-employer pl multiple-employer pl	an (other than a		itiple-employer plan; E (specify)	or
B This return/report is: (1) the first return/report (2) an amended return/re If the plan is a collectively-bargained plan, check here		(3) X the fin (4) X a shor	nai return/report filed rt plan year return/re	for the plan; port (less than 12 months
If filing under an extension of time or the DFVC program	n check how and attach		***********	······ •
Basic Plan Information — enter all	requested information	required information.	. (see instructions).	<u></u>
lat Name of plan			1b Three-digit	
RICH CERTIFIED SERVICES 401(K) PLA	N		plan number	(PN) • 001
				of plan (mo., day, yr.)
				01/01/2006
2a Plan sponsor's name and address (employer, if for a s	ingle-employer plan)	_	2b Employer Ide	ntification Number (EIN)
(Address should include room or suite no.)				31-1561228
RICH CERTIFIED SERVICES			2C Sponsor's tel	
				859-371-1111
•	•		2d Business cod	e (see instructions)
27.6				541519
2740 CIRCLE PORT DRIVE				
ERLANGER	KY	41018		
aution: A penalty for the late or incomplete filing of this rel	um/report will be assess	sed unless reasonable	e cause is establishe	d
Under penalties of perjury and other penalties sot forth in the instructationments, as well as the electronic version of this raturn/report if it is ATTACHM	- cours men electricalis, to	amined this retern/report of to the best of my know	, including actompanying riedge and belief, it is tru	schedules, statements and e, correct and complete.
Signature of plan administrator	Date	Type or print name	of individual signing	as plan administrator
	Date			
Signature of employer/plan sponsor/DFE			dividual eigning as emplo	







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•	Form 5\$00 (2007)	Page 2	<u> </u>		_	
_					Official Use Only	
	Plan administrator's name and address (If same as plan sponsor, enter "Same") .ME	3Ь	Administr	etor's i	EIN	
an	ure.	36	Arlministr	etor's 1	elephone numbe	
	•					
				51 CA		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan	en. entr	or the nam	20.30% 10.	b ein	
	EIN and the plan number from the last return/report below:			,		
a	Sponsor's name				C PN	
5	Preparer information (optional) 8 Name (including firm name, if applicable) and address				b EIN	
	1 to be and who will see the fine of the see the see the seed of t				D SIN	
	•				C Telephone r	umber
6	Total number of participants at the beginning of the plan year			6		30
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c,			33		Ç.
а	, =			7a		0
b	Retired or separated participants receiving benefits			7b 7c		0
ď	Subtotal, Add lines 7a, 7b, and 7c			7d	<u> </u>	_
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits			7e		
f	Total. Add lines 7d and 7e			7 f		0
9	Number of participants with account balances as of the end of the plan year (only defined contribut	•	ns .			•
h	complete this item)		es than	7g		0
••	100% vested.			7h		0
i	If any participant(s) separated from service with a defenred vested benefit, enter the number of sep	arated		Г		
_	participants required to be reported on a Schedule SSA (Form 5500)		· · · · · · · · · · ·	71	<u> </u>	0
	Benefits provided under the plan (complete 8a and 8b, as applicable) R. Pension benefits (check this box it the plan provides pension benefits and enter the applicable p	ensien	festure co	dee fr	om the List of Pla	n '
	Characteristics Codes printed in the instructions): [2E] [2F] [2G] [2J] [3E]			<u> </u>		"' ·
b	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable we	illare le	ature code	s from	the List of Plan	
	Characteristics Codes printed in the instructions):	L		╛┖	لال	
Qa.	Plan funding arrangement (check all that apply) 9b Plan benefit arrange	ament (chack all t	hat an	nlu)	
34	(1) Insurance	or records to	LARDON DIII I	i i a a a a a a a a a a a a a a a a a a	Piyi	
	(2) Code section 412(i) insurance contracts (2) Code section	m 412(i) insuranc	e conti	acts	
	(3) X Trust					
	(4) General assets of the sponsor (4) General ass	ets of t	ne sponso	ar		
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	Form 55	00 (2007)				Pe	age 3	Official Use Only
0	Schedules att	ached (Check all applicable boxes and, where indicate	d, enter	he n	umber atta	ched.	See instruction	ns.)
a	(1) X (2) (3)	R (Retirement Plan Information) B (Actuarial Information) E (ESOP Annual Information) SSA (Separated Vested Participant Information)		Fina (1) (2) (3) (4)	ncial Sche	dules H i A C	(Financial Int (Financial Int (Insurance In	formation Small Plan)
•	(4)	55A (Sopulato Vesas Pauspak Internation)	}	(5) (6)		D G	(OFE/Particip	pating Plan Information) ransaction Schedules)



SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service **DFE/Participating Plan Information**

This achedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110 2007

Emal	Department of Labor oyee Cenetits Security Administration		> File as s	ın attachment to Form 55	500.			orm is Open to ic inspection.
	lendar plan year 2007 or fiscal plan		heninoina 01/6	01/2008	and endi	no 09.		
	me of plan or DFE	1 1000	Doginaling 0 27	, , , , , , , , , , , , , , , , , , , ,		Three dic		
	CERTIFIED SERVICES	401	(K) PLAN		"	plan num	· .	001
C PI	an or DFE sponsor's name as show	vn on	line 2a of Form 5500		D	Employe	r Identifica	ition Number
RIC	I CERTIFIED SERVICES							31-1561228
Ri	Information on interes	ts In	MTIAs, CCTs, PS	As, and 103-12 IEs	(to be con	pleted t	y plans	and DFEs)
	Name of MTIA, CCT, PSA, or 103-		•					
(b)	Name of sponsor of entity tisted in	(al <u>U</u>	S BANK N.A.					
(c)	EIN-PN 31-0841368-D02	_(d)	Entity code C (6)	Dollar value of interest is or 103-128E at end of ye	n MTIA, CCT, Bar (see instru	PSA, ctions)	· · · · · · · · · · · · · · · · · · ·	0
(a)	Name of MTIA, CCT, PSA, or 103-	12!E						
(b)	Name of sponsor of entity listed in	(a)						
(c)	EIN-PN	_(d)	Emity code(e)	Dollar value of interest is or 103-12lE at end of ye	n MTIA, CCT, ear (see Instru	PSA, ctions)		
(a)	Name of MTIA, CCT, PSA, or 103-	12IE .						
(b)	Name of sponsor of entity listed in	(a) _						
(c)	EIN-PN	_(d)	· 		ear (see instru	ctions)		
(a)	Name of MTIA, CCT, PSA, or 103-							
(b)	Name of sponsor of entity listed in	(a) _						
(c)	EIN-PN	_(d)	Entity code(e)	Dollar value of interest is or 103-12IE at end of ye	n MTIA, CCT, ear (see instru	PSA, ctions)		
For P	sperwork Reduction Act Notice a	nd Ol	AB Control Numbers, se	e the instructions for Fo	orm 5500.	v10.1.	Schedule () (Form 5500) 2007
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	Schedule D (Form 5500) 2007		Page 2	
				Official Use Only
(a)	Name of MTIA, CCT, PSA, or 103-12/E			
(b)	Name of sponsor of entity listed in (a)			50 · · · ·
(c)	EIN-PN(d)	Entity code(e)	Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	
(a)	Name of MITIA, CCT, PSA, or 103-12IE			
(b)	Name of sponsor of entity listed in (a)			
(c)	EIN-PN(d)	Entity code(e)	Dollar value of interest in MTIA, CCT, PSA, or 103-12/E at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12/E			
(b)	Name of sponsor of entity listed in (a)			
(c)	EN-PN(d)	Entity code(e)	Dollar value of interest in MTIA, CCT, PSA, or 103-12fE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE			,
(b)	Name of sponsor of entity listed in (a)			
(ċ)	EIN-PN (d)	Entity code(e)	Dollar value of interest in MTIA, CCT, PSA, or 103-12iE at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE			
(b)	Name of sponsor of entity listed in (a)	- <u> </u>		
(c)	EIN-PN (d)	Entity code(0)	Dollar value of interest in MTIA; CCT; PSA, or 103-12fE at end of year-(see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE			
(b)	Name of sponsor of entity listed in (a)			
			Oollar value of interest in MTIA-CCT, PSA, or 103-121E at end of year (see instructions)	
	1 1 (188)		3 2 0 2 0 H	

	Plan name Name of plan sponsor	(c) 6	IN-PN
	Plan name		
	Name of plan sponsor	(c) E	EIN-PN
ſ	Plan name		
_	Name of plan sponsor	(c) i	EIN-PN
	Plan name Name of plan sponsor	(c) E	SIN-PN
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	Plan name		
1	Name of plan sponsor	· (c)	EIN-PN

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Financial Information --- Small Plan

. This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

Official Use Only

OMB No. 1210-0110

2007

Administration	▶ File as an atta	chment to i	Form 5500.		This Fo	orm is Oper	1 lo
Pension Benefit Guaranty Corporation					Public	: Inspectio	n.
For calendar year 2007 or fiscal plan yea	r beginning 01/01/2	008 .	and endin	09/	5/2008		
A Name of plan				B Three-digit			
RICH CERTIFIED SERVICES	401(K) PLAN			plan numb			001
C Plan sponsor's name as shown on lis	ne 2a of Form 5500			D Employer		on Mumber	
RICH CERTIFIED SERVICES			ł			31-156	
Complete Schedule I if the plan covered	fewer than 100 participants so of the	heciorina d	of the class was	You may also o		-	
are filing as a small plan under the 80-12	20 participant rule (see instructions).	Complete Sc	hedule Hifresc	rting as a large	olan or DFF	icome in yo	VU.
Rariti Small Plan Financia							
Report below the current value of assets							
value of plan assets held in more than or pay a specific dollar benefit at a future da	ne trust. Oo not enter the value of the Sin. Include all income and expenses	of the olar	n insurance con including any to	aracı mat önatsı	1885 duning	i this plan ye ed fundiol	ear to
any payments/receipts to/from insurance				a(a) Or adparan	SA INCOMINATION	. (6) ניייוטי טיי	110
1 Plan Assets and Liabilities:		81.50.3	(a) Daniania	-4 Va			
a Total plan assets		2.00	(a) Beginning	83375	(0) (nd of Year	0
		la l					
b Total plan lisbilities		1b		02275			
C Net plan assets (subtract line 1b fro		1c		83375			
2 Income, Expenses, and Transfers			(a) Amo	um	(b) Total	E. POSA/E
a Contributions received or receivable		1		3			
7.7		2a(1)				V	
•		1				\$12.5	33.73
(3) Others (including rollovers)	*********						1
D Noncash contributions		2b		N.	中的新维		7. 14. 15
C Other income		2c		-10700	1 1		
d Total income (adif lines 2a(1), 2a(2)	, 2a(3), 2b, and 2c)	2d 🚰				-10	700
e Benefits paid (including direct rollov	rers)	20		72555			
f Corrective distributions (see instruc-	tions)	2f		ξ.	3	A STATE OF	
g Certain deemed distributions of part	ticipant loans (see instructions)	2g		.			200
h Other expenses		2h		120			
I Total expenses (add lines 2e, 2f, 2g	, and 2h)	2i 8	출시 하나 아이			72	675
	om line 2d)	2			,	-83	375
K Transfers to (from) the plan (see ins	structions)	2k		新发现的 对			
	sets at anytime during the plan year	n arry of the	following catego	ories, check 'Ye	and enter	the current	t T
value of any assets remaining in the	plan as of the end of the plan year.	Allocate the	value of the plan	n's interest in a c	ommingled	trust contai	ining
the assets of more than one plan or	a line-by-line basis unless the trust	meets one	or tine specific ex	Yes No		nount	
a Partnership/joint venture interests .						HOTAIIL	
b Employer real property							
or Paperwork Reduction Act Notice a				1 1 1	Cabadula I	(Form 550)	nk anna
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3C Real estate (o d Employer sec e Participant for f Loans (other t g Tanglole pers d Tree d During the pla a Did the emplo period descrit Correction Pre b Were any leas close of the pl loans secured C Were any leas uncollectible? d Were there ar transactions in e Was the plan i caused by fra g Did the plan i established in b Did the plan i	her than employer real property). ther than employer real property). Intities Ins Ins to participants) Insactions During Plan Year In year: In year or classified during the year as uncollectible? Diese to which the plan was a party in default or classified only onexempt transactions with any party-in-interest? (Duported on time 4a.) In year or lassified during the year as uncollectible? Diese to which the plan was a party in default or classified only onexempt transactions with any party-in-interest? (Duported on time 4a.) In year: In year:	is within the time Voluntary Fiduciary I default as of the Irregard participant furing the year as In not include	3c 3d 3e 3f 3g 3g 4a 4a 4c 4c 4c	/es No		Official Use Only Amount Amount	
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Official Use Only SCHEDULE R Retirement Plan Information (Form 5500) OMB No. 1210-0110 This schedule is required to be filed under sections 104 and 4065 of the Department of the Treasury Internal Revenue Service Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) 2007 Department of Labor ployee Benefits Security Administration of the internal Revenue Code (the Code). This Form Is Open to File as an Attachment to Form 5500. Public Inspection. n Benefit Guaranty Corporati 01/01/2008 09/15/2008 For calendar year 2007 or fiscal plan year beginning and ending A Name of plan Three-digit 001 RICH CERTIFIED SERVICES 401(K) PLAN plan number C Plan sponsor's name as shown on line 2a of Form 5500 **Employer Identification Number** RICH CERTIFIED SERVICES 31-1561228 設可能 Distributions All references to distributions relate only to payments of benefits during the plan year. Total value of distributions paid in property other than in cash or the forms of property specified 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, order EINs of the two payors who paid the greatest dollar amounts 20-3691658 of benefits). Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year . . Funding Information (if the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) te the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? Yes No If the plan is a defined benefit plan, go to line 7. 5 If a waiver of the minimum funding standard for a prior year is being amortized in this Month Day If you completed tine 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule. i 6a İs 6a Enter the minimum required contribution for this plan year 6b | \$ C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left If you completed line 6c, skip lines 7 and 8 and complete line 9. 7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic epproval for the change or a class ruling letter, does the plan aponsor or plan administrator agree with the change?. Yes No Receipt Amendments 8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the Decrease No Increase "No" box. (See instructions.). . Panal Coverage (See Instructions.) average benefit test Check the box for the test this plan used to satisfy the coverage requirements the ratio percentage tast Schedule R (Form 5500) 2007 For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. RECEIVED MAR 1 2 2012 OGDEN, UT

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Taft Stettinius & Hollister LLP 425 Walnut Street, Suite 1800 Cincinnati, OH 45202-3957

TAFT STETTINIUS & HOLLISTER LLP ROBERT E. RICH

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May 11, 2012 LTR 2696C 0 31-1561228 200809 74 001 Input Op: 0423404751 00028302

RICH CERTIFIED SERVICES
2740 CIRCLEPORT DR
ERLANGER KY 41018-1079



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

9-24-12

Date

FARMER PLOSIDENT

Title