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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.		
		dentification Information					
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009	
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan
	This return/report is for:	first return/report	final retur	n/report			
		an amended return/report	short plar	year return/report (less than 12 mor	nths)		
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am
	3 · · ·	special extension (enter description	on)				
Da	art II Basic Plan Infor	mation—enter all requested inform					
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit	
		OFIT SHARING PLAN & TRUS			10	plan number	
0.2	VERT REPORT OF THE	2717 377 111173 12717 4 17133				(PN) •	003
					1c	Effective date o	f plan
						08/01/1	981
		ress (employer, if for single-employer	r plan)		2b	Employer Identi	
STE	VEN R TUCKER PSC				0 -	(EIN) 61-097	
000.0	POLIEDM DOAD				2C	Plan sponsor's t	elephone number
	SCHERM ROAD ENSBORO, KY 42301				2d		see instructions)
						621210	
		d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's	EIN
STE	VEN R TUCKER PSC	909 SCHER OWENSBOI		801		61-097	
		OWENOBO	10, 111 420		3c	Administrator's t	telephone number
4 1	f the name and/or FIN of the ni	an sponsor has changed since the la	et return/re	nort filed for this plan, enter the	4h	EIN	0-4107
		er from the last return/report. Sponso		port filed for this plan, effect the	40	EIIN	
					4c	PN	
5a	Total number of participants a	at the beginning of the plan year			5a		5
b	b Total number of participants at the end of the plan year				5b		5
С							
					5c		5
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
b		the annual examination and report of					V vaa 🗆 Na
		(See instructions on waiver eligibility					X Yes No
Pa	rt III Financial Inform	her 6a or 6b, the plan cannot use F	OTIII 5500-	SF and must instead use Form 55	υυ.		
7	Plan Assets and Liabilities			(a) Bandandan a (Mana		/i.\ F., .I	- () / · ·
-			_	(a) Beginning of Year 2540424		(b) Ena	of Year
	Total plan assets		. 7a	2340424	•		2768156
b	'						0700450
<u>C</u>		7b from line 7a)	. 7с	2540424			2768156
8	Income, Expenses, and Trans			(a) Amount		(b) 1	Total
а	Contributions received or received (1) Employers	eivable from: 	. 8a(1)	42241			
	• • • •			45239	- i		
	• • • • • • • • • • • • • • • • • • • •	s)		40200			
h	• • • • • • • • • • • • • • • • • • • •	,	· · ·	140250	,		
b	` ,	0-(0) 0-(0)101)		140252	-		227722
C C		, 8a(2), 8a(3), and 8b)	. 8c				227732
d		rollovers and insurance premiums	8d				
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e				
f		ers (salaries, fees, commissions)					
g	· .						
h	·	8e, 8f, and 8g)					
i		ne 8h from line 8c)					227732
i		see instructions)					
			ı öl	1			

Part IV	Plan	Charac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List Of Flatt Chara	CICIIS	lic Cot	ues III	uie iiisuud	MONS.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amount	t .
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				250000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?		•	10d		X			
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of th uctions.)	ne benefits under the	e plan? (See	10e		X			
f	Has	the plan failed 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			
h		s is an individual account plan, was there a blackout period? (Sec			10h		X			
i		th was answered "Yes," check the box if you either provided the resptions to providing the notice applied under 29 CFR 2520.101-3.			10i		X			
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Ye	es X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear	
		r the minimum required contribution for this plan year		-			12b			
		r the amount contributed by the employer to the plan for this plan					12c			
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								_
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Ye	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ontrol		Ye	es X No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1		r	
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.				,		o, , , ,	,	
SIGN	F	led with authorized/valid electronic signature.	07/27/2010	STEVEN R. TUC	KER					
HERE	- Г	Signature of plan administrator	Date	Enter name of in	ndividi	ual sig	ning as	s plan adn	ninistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

2009

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Pe	ension Benefit Guaranty Corporation Complete all entries in accordance with the	instruc	ctions to t	he Fo	rm 5500-SF.	to Public	Inspection
P	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009			and en	ding 1	2/31/20	09
Α	This return/report is for: X single-employer plan multiple-employer	oloyer p	olan (not m	nultiem	ployer)	one-participa	nt plan
В	This return/report is for: first return/report final return/re	eport					
	an amended return/report short plan y	ear retu	ırn/report	(less ti	nan 12 months	s)	
C	Check box if filing under: Form 5558 automatic e	xtensio	n			DFVC progra	m
	special extension (enter description)						
Pa	art II Basic Plan Information - enter all requested information						
1a	Name of plan				Three-digit		
ST	EVEN R TUCKER DMD PSC PROFIT SHARING PLA	& NA	TRUS		plan number (I	PN)	003
				1c	Effective date	of plan	
					08/0	1/1981	
2a	Plan sponsor's name and address (employer, if for single-employer plan)			2b	Employer Iden	tification Num	ber (EIN)
SI	EVEN R TUCKER PSC				61-0	974395	
				2c	Plan sponsor's		
90	9 SCHERM ROAD				(270)926-41	07
				2d	Business code		ons)
OW	ENSBORO KY 42301				6212	10	
	Plan administrator's name and address (If same as Plan sponsor, enter "Same	")		3b	Administrator's	s EIN	
SA	ME						
				3с	Administrator's	s telephone nu	umber
	f the name and/or EIN of the plan sponsor has changed since the last return/rep	ort filed	d for this	4b	EIN		
þ	plan, enter the name, EIN, and the plan number from the last return/report.	oonsor'	s name				
				4c	PN		
_		_		_			
	Total number of participants at the beginning of the plan year		(E) (E) (E)	5a		5 5	
-	Total number of participants at the end of the plan year		**************************************	5b		5	
С	Total number of participants with account balances as of the end of the plan y	ear (de	fined	_		5	
_	benefit plans do not complete this item)			5с	_		
	Were all of the plan's assets during the plan year invested in eligible assets? (S					X Y	′es
b	, ,					X Y	. П.
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and c					🛆 Y	'es
D	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF art III Financial Information	and n	iust inste	ad use	e Form 5500.		
7	POROTON		(a) Be	ainnir	g of Year	(b) Enc	d of Year
1	Plan Assets and Liabilities	75		_	540424	(5) E110	2768156
b	Total plan assets Total plan liabilities	7a 7b			310124		2700130
C	Net plan assets (subtract line 7b from line 7a)	7c		2	540424		2768156
8	Income, Expenses, and Transfers for this Plan Year			a) Am		(b)	Total
а	Contributions received or receivable from:	***************************************				,~/	
_	(1) Employers	8a(1)			42241		
	(2) Participants	8a(2)			45239		
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss) SEE STATEMENT 1	8b			140252		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					227732
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	89	100000000000000000000000000000000000000				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i					227732
i	Transfers to (from) the plan (see instructions)	8j				MIC 1888	

Page	2

Form 5500-SF (200	09)
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Part IV	Plan	Charac	cteristics

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		O								
Par	-	Compliance Questions				0.00				
10		the plan year:				Yes	No		Amount	
а		re a failure to transmit to the plan any participant of			100000000000000000000000000000000000000		.,			
		R 2510.3-102? (See instructions and DOL's V	a a	10 0 0	10a		Х	4	_	
		nere any nonexempt transactions with any p								
		ctions reported on line 10a.)			10b	17	Х		-	
		e plan covered by a fidelity bond?			10c	Х			2	50000
d		plan have a loss, whether or not reimbursed	321 120 5				7.7			
		used by fraud or dishonesty?			10d		Х			
е		ny fees or commissions paid to any brokers					}			
		insurance service or other organization that	The same of the sa				37			
		n? (See instructions.)			10e		X		4	
f		e plan failed to provide any benefit when due			10f		X			4-1
g	Did the	e plan have any participant loans? (If "Yes," e	enter amount as of yea	r end.)	10g		X			
h		s an individual account plan, was there a bla	Management & Management of the Committee							
		CFR 2520.101-3.)			10h		X			
		vas answered "Yes," check the box if you ei								
CALL TO LOOK	AND THE RESERVE	exceptions to providing the notice applied un	nder 29 CFR 2520.101	-3	10i		X			
Par		Pension Funding Compliance		NON PROGRAM INC.						
		a defined benefit plan subject to minimum fu	9 ,						1	₩.
12		ule SB (Form 5500))						*********	Yes	X No
		a defined contribution plan subject to the mi							٦	
		302 of ERISA? (If "Yes," complete 12a or 1							Yes	X No
а		ver of the minimum funding standard for a p							date of	the letter
		ranting the waiver.					y	Y	ear	
		npleted line 12a, complete lines 3, 9, and								
		ne minimum required contribution for this pla					12b			
		ne amount contributed by the employer to the					12c			
		ct the amount in line 12c from the amount in		-						
		of a negative amount)					12d			11
100000000000	00000000000000000	minimum funding amount reported on line		ding deadline?			Ye	S	Vo	N/A
	t VII	Plan Terminations and Transfer							1	
13a		esolution to terminate the plan been adopte							Yes	X No
		<u>" enter the amount of any plan assets that re</u>					13a			
b		If the plan assets distributed to participants							1	
		he control of the PBGC?							Yes	X No
C	If durin	g this plan year, any assets or liabilities were	transferred from this	plan to another plan(s),	identif	y the p	olan(s) t	o which a	ssets or	
	or government	s were transferred. (See instructions.)							to not become	
1;	3c(1) N	lame of plan(s):				13c(2)	EIN(s)		13c(3)	PN(s)
	_									
	27 278			10 0 0		0.00		27 4700 7	NO.	
		penalty for the late or incomplete filing of	•							
Under p signed	enalties of by an enro	f perjury and other penalties set forth in the instructions, I of the actuary, as well as the electronic version of this return.	declare that I have examined the freport, and to the best of my	his return/report, including, if ap knowledge and belief, it is true,	oplicable correct,	a Sche	dule \$B or nplete.	r Schedule Mi	3 complete	ed and
8101		12/n/1/	7/2/2							
SIGN		atura at plan advision of the	Data / (C)	STEVEN R. T			nlar -	dminiot	~	
	əign	ature of plan administrator	Date	Enter name of individu	iai sigr	ing as	s pian a	urninistrat	or	
SIGN		AN link	- /d6/10	STEVEN R. T	UCK	ER				
1 314 F11	Sign	ature of employer/plan sponsor	Date	Enter name of individu	ıal sigr	ning as	emplo	yer or plan	sponso	or

FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST BEARING CASH U.S. GOVERNMENT SECURITIES DIVIDENDS FROM REGISTERED UNREALIZED APPRECIATION (INTERPO INVESTMENT GAIN (LOSS	COMPANY SHARES		00. 08. 75.
TOTAL TO FORM 5500-SF, LI	NE 8B	14025	52.