

<b>Form 5500</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2009</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2008</u> and ending <u>09/30/2009</u>			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) ____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>		
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description)		

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan	<u>WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>
		<b>1c</b> Effective date of plan	
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<b>2b</b> Employer Identification Number (EIN) <u>61-0468003</u>		
<u>WYATT, TARRANT, &amp; COMBS, LLP</u>	<b>2c</b> Sponsor's telephone number		
<u>2800 CITIZENS PLAZA</u>	<u>2800 CITIZENS PLAZA</u>	<b>2d</b> Business code (see instructions)	
<u>LOUISVILLE, KY 40202</u>	<u>LOUISVILLE, KY 40202</u>		

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	<b>Date</b>	<b>Enter name of individual signing as plan administrator</b>
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	<b>Date</b>	<b>Enter name of individual signing as employer or plan sponsor</b>
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	<b>Date</b>	<b>Enter name of individual signing as DFE</b>

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

Form 5500 (2009)  
v.092307.1

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") WYATT, TARRANT, & COMBS, LLP  2800 CITIZENS PLAZA LOUISVILLE, KY 40202	<b>3b</b> Administrator's EIN 61-0468003  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>
<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a</b> Active participants.....	<b>6a</b>
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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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 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 the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2008**

This Form is Open to  
Public Inspection.

### Part I Annual Report Identification Information

For the calendar plan year **2008** or fiscal plan year beginning **10/01/2008**, and ending **09/30/2009**,

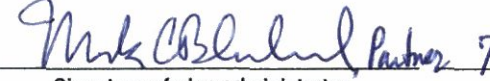

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

### Part II Basic Plan Information -- enter all requested information.

<b>1a</b> Name of plan WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND TRUST	<b>1b</b> Three-digit plan number (PN) ► 001
	<b>1c</b> Effective date of plan (mo., day, yr.) 01/01/1984
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WYATT, TARRANT & COMBS, LLP  2800 CITIZENS PLAZA  LOUISVILLE KY 40202	<b>2b</b> Employer Identification Number (EIN) 61-0468003
	<b>2c</b> Sponsor's telephone number 502-589-5235
	<b>2d</b> Business code (see instructions) 541110

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

<b>SIGN HERE</b>  <u>7/13/10</u> Signature of plan administrator Date	<u>MARK BLACKWELL</u> Type or print name of individual signing as plan administrator
<b>SIGN HERE</b>  <u>7/13/10</u> Signature of employer/plan sponsor/DFE Date	<u>MARK BLACKWELL</u> Type or print name of individual signing as employer, plan sponsor or DFE

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

v11.3

Form **5500** (2008)



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BY: \_\_\_\_\_



**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**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 below:

**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone number

<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>	530
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
<b>a</b> Active participants	<b>7a</b>	433
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>	82
<b>d</b> Subtotal. Add lines 7a, 7b, and 7c	<b>7d</b>	515
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>	1
<b>f</b> Total. Add lines 7d and 7e	<b>7f</b>	516
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>	440
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>	7
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>	19

**8** Benefits provided under the plan (complete 8a and 8b, as applicable)

- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 3B 2R
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

**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

**9b** Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

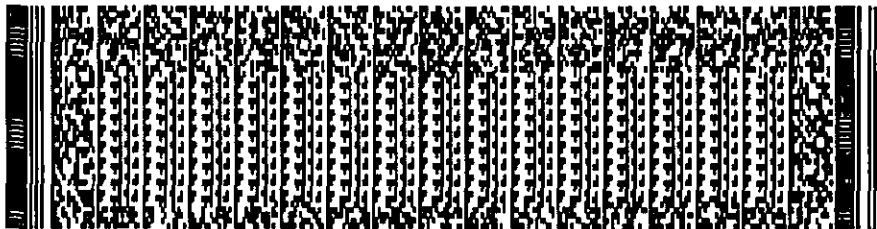


**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- (1) ☒ **R** (Retirement Plan Information)  
(2) ☐ **B** (Actuarial Information)  
(3) ☐ **E** (ESOP Annual Information)  
(4) ☒ **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

- (1) ☒ **H** (Financial Information)  
(2) ☐ **I** (Financial Information -- Small Plan)  
(3) ☒ **A** (Insurance Information) 3  
(4) ☒ **C** (Service Provider Information)  
(5) ☒ **D** (DFE/Participating Plan Information)  
(6) ☐ **G** (Financial Transaction Schedules)



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2008**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

**A** Name of plan

WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND T

**B** Three-digit

plan number ►

001

**C** Plan sponsor's name as shown on line 2a of Form 5500

WYATT, TARRANT & COMBS, LLP

**D** Employer Identification Number

61-0468003

**Part I** Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be  
reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

MONY LIFE INSURANCE

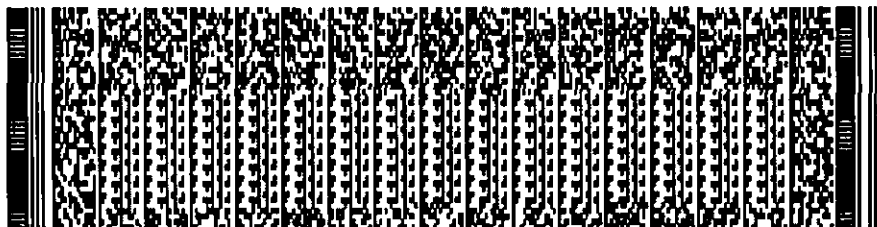
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
86-0222062	78077	2VA0019892	1	10/01/2008	09/30/2009

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,  
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

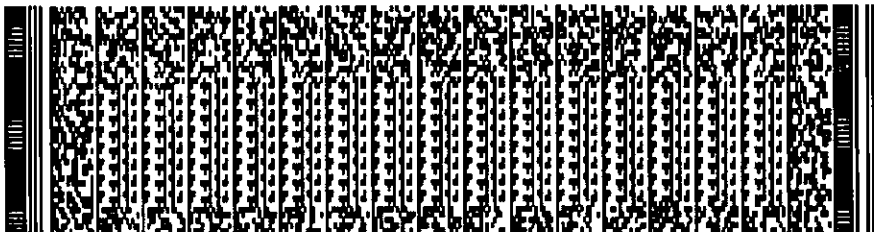
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

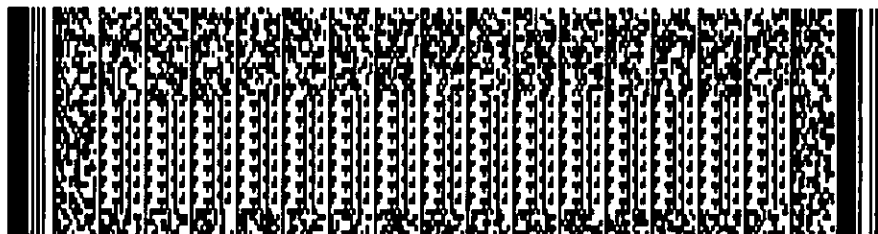




**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	Contracts With Allocated Funds	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) ▶	
	▶ VARIABLE ANNUITY CONTRACT	
<b>b</b>	Balance at the end of the previous year .....	75664
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	▶ .....	
	(6) Total additions .....	0
<b>d</b>	Total of balance and additions (add b and c(6)) .....	75664
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	3307
	▶ GAIN\LOSS .....	
	(5) Total deductions .....	3307
<b>f</b>	Balance at the end of the current year (subtract e(5) from d) .....	72357





**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)****a** ☐ Health (other than dental or vision)**b** ☐ Dental**c** ☐ Vision**d** ☐ Life Insurance**e** ☐ Temporary disability (accident and sickness)**f** ☐ Long-term disability**g** ☐ Supplemental unemployment**h** ☐ Prescription drug**i** ☐ Stop loss (large deductible)**j** ☐ HMO contract**k** ☐ PPO contract**l** ☐ Indemnity contract**m** ☐ Other (specify) ▶**8 Experience-rated contracts****a** Premiums: (1) Amount received .....

(2) Increase (decrease) in amount due but unpaid .....

(3) Increase (decrease) in unearned premium reserve .....

(4) Earned ((1) + (2) - (3)) .....

**b** Benefit charges: (1) Claims paid .....

(2) Increase (decrease) in claim reserves .....

(3) Incurred claims (add (1) and (2)) .....

(4) Claims charged .....

**c** Remainder of premium: (1) Retention charges (on an accrual basis) --

(A) Commissions .....

(B) Administrative service or other fees .....

(C) Other specific acquisition costs .....

(D) Other expenses .....

(E) Taxes .....

(F) Charges for risks or other contingencies .....

(G) Other retention charges .....

(H) Total retention .....

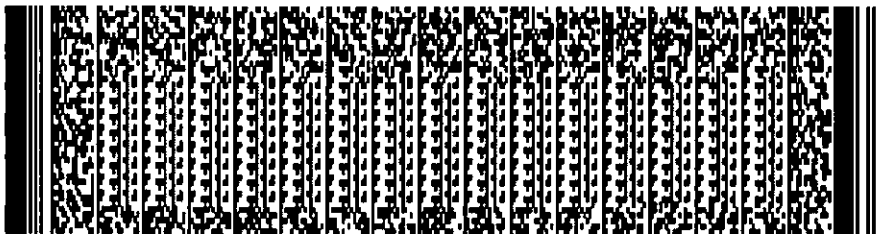
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) .....**d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....

(2) Claim reserves .....

(3) Other reserves .....

**e** Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) .....**9 Nonexperience-rated contracts:****a** Total premiums or subscription charges paid to carrier .....**b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount .....

Specify nature of costs ▶



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2008**

**This Form Is Open to  
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

<b>A</b> Name of plan WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND T	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 WYATT, TARRANT & COMBS, LLP	<b>D</b> Employer Identification Number 61-0468003

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be  
reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

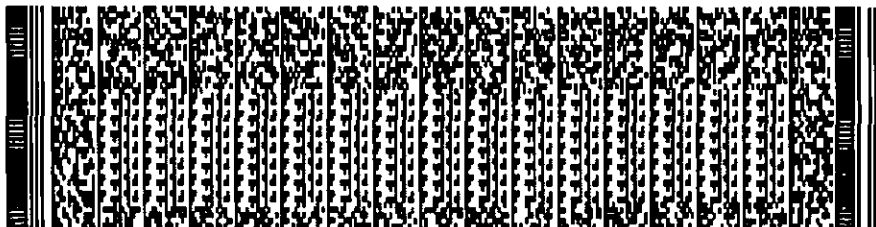
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
	78077	711474624	0	10/01/2008	09/30/2009

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,  
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	Contracts With Allocated Funds	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	
<b>6</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) ANNUITY	
<b>b</b>	Balance at the end of the previous year .....	60642
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	0
<b>d</b>	Total of balance and additions (add b and c(6)) .....	60642
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	60642
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	(5) Total deductions .....	60642
<b>f</b>	Balance at the end of the current year (subtract e(5) from d) .....	0



**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life Insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**8 Experience-rated contracts**

<b>a</b> Premiums: (1) Amount received .....		
(2) Increase (decrease) in amount due but unpaid .....		
(3) Increase (decrease) in unearned premium reserve .....		
(4) Earned ((1) + (2) - (3)) .....		
<b>b</b> Benefit charges: (1) Claims paid .....		
(2) Increase (decrease) in claim reserves .....		
(3) Incurred claims (add (1) and (2)) .....		
(4) Claims charged .....		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....		
(B) Administrative service or other fees .....		
(C) Other specific acquisition costs .....		
(D) Other expenses .....		
(E) Taxes .....		
(F) Charges for risks or other contingencies .....		
(G) Other retention charges .....		
(H) Total retention .....		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		
(2) Claim reserves .....		
(3) Other reserves .....		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) .....		

**9 Nonexperience-rated contracts:**

<b>a</b> Total premiums or subscription charges paid to carrier .....	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount .....	
Specify nature of costs ▶	



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2008**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

<b>A</b> Name of plan WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND T	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 WYATT, TARRANT & COMBS, LLP	<b>D</b> Employer Identification Number 61-0468003

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be  
reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

GE LIFE AND ANNUITY ASSURANCE COMPANY

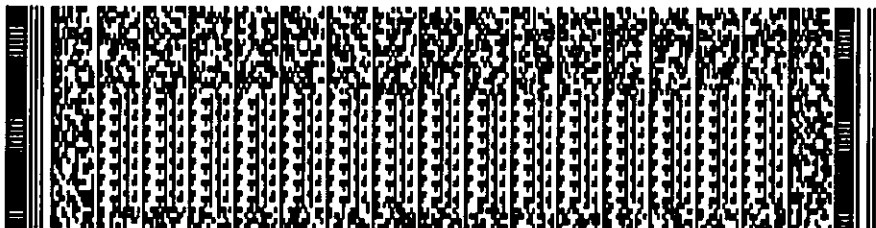
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
	78077	06209371	0	10/01/2008	09/30/2009

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,  
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	





**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	Contracts With Allocated Funds	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	
<b>6</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) ▶ DEFERRED ANNUITY	
<b>b</b>	Balance at the end of the previous year .....	16367
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	0
<b>d</b>	Total of balance and additions (add b and c(6)) .....	16367
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	16367
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	(5) Total deductions .....	16367
<b>f</b>	Balance at the end of the current year (subtract e(5) from d) .....	0



**Part III Welfare Benefit Contract Information**

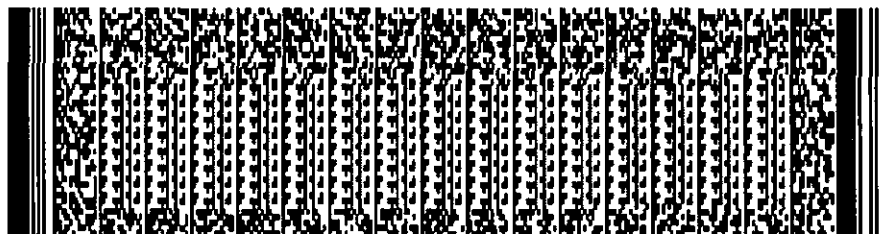
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7 Benefit and contract type (check all applicable boxes)**

- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life Insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**8 Experience-rated contracts**

<b>a</b> Premiums: (1) Amount received .....		
(2) Increase (decrease) in amount due but unpaid .....		
(3) Increase (decrease) in unearned premium reserve .....		
(4) Earned ((1) + (2) - (3)) .....		
<b>b</b> Benefit charges: (1) Claims paid .....		
(2) Increase (decrease) in claim reserves .....		
(3) Incurred claims (add (1) and (2)) .....		
(4) Claims charged .....		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....		
(B) Administrative service or other fees .....		
(C) Other specific acquisition costs .....		
(D) Other expenses .....		
(E) Taxes .....		
(F) Charges for risks or other contingencies .....		
(G) Other retention charges .....		
(H) Total retention .....		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		
(2) Claim reserves .....		
(3) Other reserves .....		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) .....		
<b>9</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier .....		
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount .....		
Specify nature of costs ▶		



**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2008****This Form is Open to  
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

**A** Name of plan

WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND TR

**B** Three-digit  
plan number ►

001

**C** Plan sponsor's name as shown on line 2a of Form 5500

WYATT, TARRANT &amp; COMBS, LLP

**D** Employer Identification Number

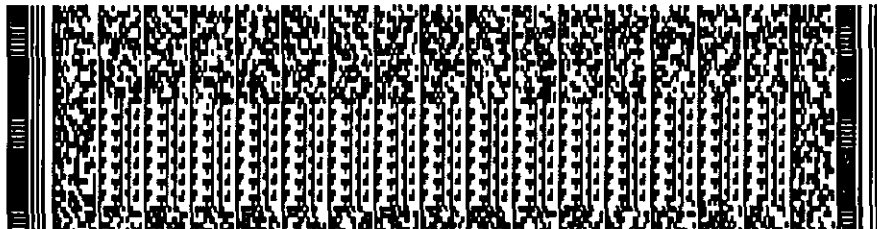
61-0468003

**Part I** Service Provider Information (see instructions)

- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: ..... **1** 543
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
		Contract administrator	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
			12
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
STEGNER INVESTMENT ASSOCIATES, INC	61-1253247	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		46538	21

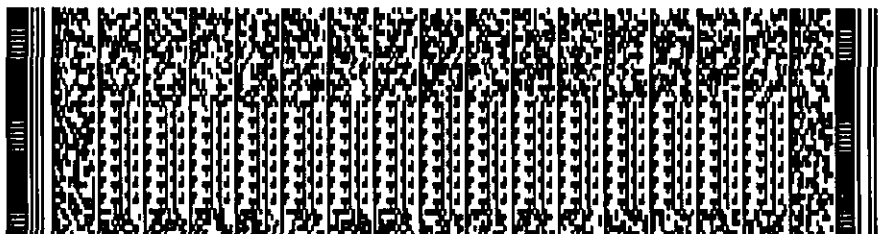
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule C (Form 5500) 2008



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
PNC BANK	25-1211909	TRUSTEE	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
TRUSTEE		31392	26

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
RAYMOND JAMES FINANCIAL SERVICES	59-1531281	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		5735	10

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**(a) Name DEMING, MALONE, LIVESAY & OSTROFF (b) EIN 61-1064249(c) Position AUDITOR  
9300 SHELBYVILLE ROAD, STE. 1100(d) Address LOUISVILLE KY 40222(e) Telephone No. 502-326-2310Explanation: CONSOLIDATION OF ALL OUTSIDE ACCOUNTING FUNCTIONS TO ONE  
VENDOR.

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_



**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2008**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

<b>A</b> Name of plan or DFE <u>WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND T</u>	<b>B</b> Three-digit plan number ► <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WYATT, TARRANT &amp; COMBS, LLP</u>	<b>D</b> Employer Identification Number <u>61-0468003</u>

**Part III Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(a) Name of MTIA, CCT, PSA, or 103-12 IE PNC EBT INVESTMENT CONTRACT FUND

(b) Name of sponsor of entity listed in (a) PNC BANK, N.A.

(c) EIN-PN 25-1197336-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6734995

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(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 IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

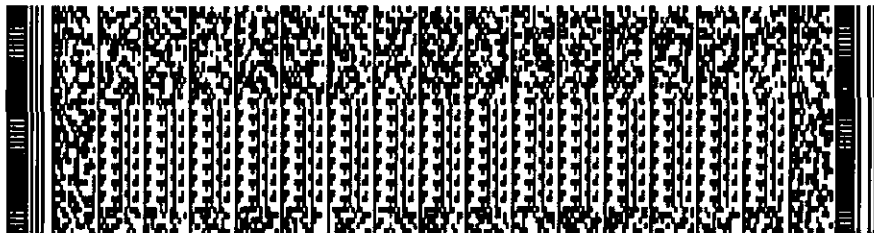
(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(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 IE at end of year (see instructions) \_\_\_\_\_

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(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(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 IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(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 IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(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 IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(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 IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

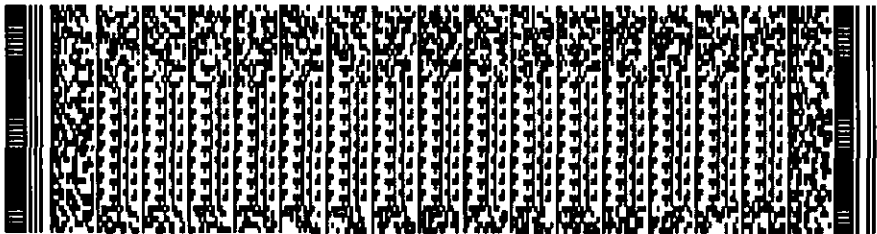
(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA,  
or 103-12 IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12 IE \_\_\_\_\_

(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 IE at end of year (see instructions) \_\_\_\_\_





**Part II** Information on Participating Plans (to be completed by DFEs)

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

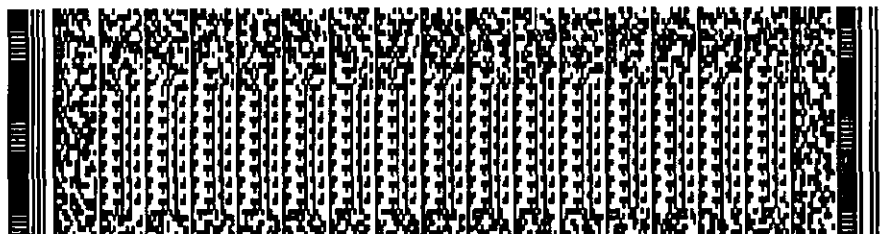
(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_





***CERTIFICATION FOR ENCLOSURE WITH FORM 5500***

We certify that pursuant to Department of Labor Regulations §2520.103-9(c) the Fund Trustee will file with the Department of Labor on or before the filing due date a Form 5500 for the 2008 calendar year for the collective trusts listed below. This filing will include an annual Statement of Assets and Liabilities for the following PNC Bank Collective Investment Trust Funds held by Employee Benefits plans:

FUND	TRUST NO.	FUND EIN
PNC EBT Investment Contract Fund	1028398	25-1197336

We also certify that we will furnish, to the Administrator or Sponsor for each participating plan, a copy of the most recent Statement of Assets and Liabilities of the above funds.

PNC Bank, N.A.

I, Bonnie Fawcett, Vice President, certify the accuracy and completeness of the information provided in this certification and in the above-described Statement of Assets and Liabilities.

Sincerely,

Bonnie Fawcett  
Vice President  
Director, Vested Interest

The PNC Financial Services Group, Inc. ("PNC") provides investment and wealth management, fiduciary services, non-discretionary defined contribution plan services and investment options, FDIC-insured banking products and services and lending and borrowing of funds through its subsidiaries, PNC Bank, National Association, PNC Bank, Delaware and National City Bank, which are Members FDIC. PNC does not provide legal, tax or accounting advice. PNC does not provide investment advice to Vested Interest plan sponsors or participants.

**Investments: Not FDIC Insured. No Bank Guarantee. May Lose Value.**

**SCHEDULE H  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Financial Information**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).► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2008****This Form is Open to  
Public Inspection.**

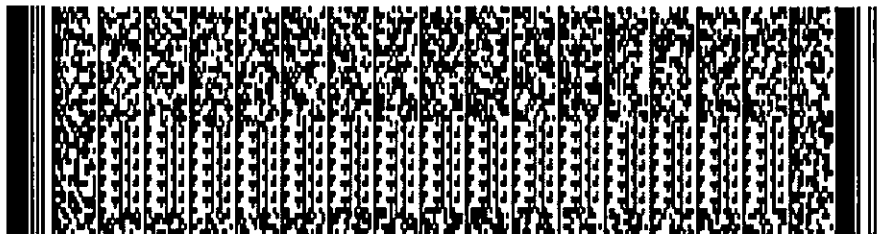
For calendar year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009	
<b>A</b> Name of plan WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 WYATT, TARRANT & COMBS, LLP	<b>D</b> Employer Identification Number 61-0468003

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>b(1)</b>	3467846	3527730
<b>(2)</b> Participant contributions .....	<b>b(2)</b>	237179	244083
<b>(3)</b> Other .....	<b>b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit)	<b>c(1)</b>	4489657	4099790
<b>(2)</b> U.S. Government securities .....	<b>c(2)</b>	100902	96904
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>c(3)(A)</b>		
<b>(B)</b> All other .....	<b>c(3)(B)</b>	330014	47361
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>c(4)(A)</b>	37800	0
<b>(B)</b> Common .....	<b>c(4)(B)</b>	7257000	8228740
<b>(5)</b> Partnership/joint venture interests .....	<b>c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>c(7)</b>		
<b>(8)</b> Participant loans .....	<b>c(8)</b>	946997	890744
<b>(9)</b> Value of interest in common/collective trusts .....	<b>c(9)</b>	6137105	6734995
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>c(13)</b>	38342174	40144984
<b>(14)</b> Value of funds held in insurance co. general account (unallocated contracts) ..	<b>c(14)</b>	152673	72357
<b>(15)</b> Other .....	<b>c(15)</b>		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule H (Form 5500) 2008

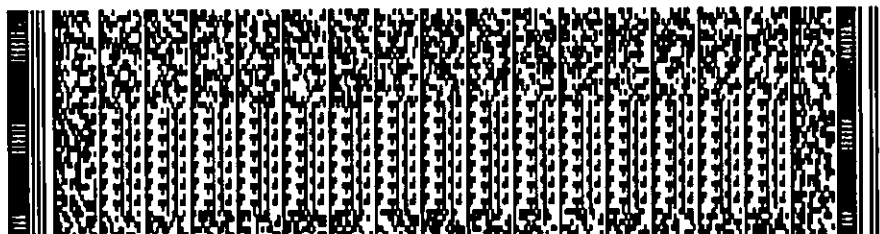


1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	d(1)		
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	61499347	64087688
<b>Liabilities</b>			
g Benefit claims payable	g		
h Operating payables	h		
i Acquisition indebtedness	i		
j Other liabilities	j		
k Total liabilities (add all amounts in lines 1g through 1j)	k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f)	l	61499347	64087688

**Part II Income and Expense Statement**

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers	a(1)(A)	3475613	
(B) Participants	a(1)(B)	2095996	
(C) Others (including rollovers)	a(1)(C)		
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		5571609
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)		
(B) U.S. Government securities	b(1)(B)		
(C) Corporate debt instruments	b(1)(C)		
(D) Loans (other than to participants)	b(1)(D)		
(E) Participant loans	b(1)(E)	57799	
(F) Other	b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		57799
(2) Dividends: (A) Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)		
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		0
(3) Rents	b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)		
(B) Aggregate carrying amount (see instructions)	b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		0



	(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	<b>b(5)(A)</b>	
(B) Other .....	<b>b(5)(B)</b>	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	<b>b(5)(C)</b>	0
(6) Net investment gain (loss) from common/collective trusts .....	<b>b(6)</b>	175496
(7) Net investment gain (loss) from pooled separate accounts .....	<b>b(7)</b>	
(8) Net investment gain (loss) from master trust investment accounts .....	<b>b(8)</b>	
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>b(9)</b>	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>b(10)</b>	-55288
<b>c</b> Other income .....	<b>c</b>	-178132
<b>d</b> Total income. Add all income amounts in column (b) and enter total .....	<b>d</b>	5571484
<b>Expenses</b>		
<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>e(1)</b>	2735748
(2) To insurance carriers for the provision of benefits. ....	<b>e(2)</b>	
(3) Other .....	<b>e(3)</b>	163187
(4) Total benefit payments. Add lines 2e(1) through (3) .....	<b>e(4)</b>	2898935
<b>f</b> Corrective distributions (see instructions) .....	<b>f</b>	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>g</b>	
<b>h</b> Interest expense .....	<b>h</b>	
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>i(1)</b>	
(2) Contract administrator fees .....	<b>i(2)</b>	
(3) Investment advisory and management fees .....	<b>i(3)</b>	84208
(4) Other .....	<b>i(4)</b>	
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	<b>i(5)</b>	84208
<b>j</b> Total expenses. Add all expense amounts in column (b) and enter total .....	<b>j</b>	2983143
<b>Net Income and Reconciliation</b>		
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	<b>k</b>	2588341
<b>l</b> Transfers of assets		
(1) To this plan .....	<b>l(1)</b>	
(2) From this plan .....	<b>l(2)</b>	

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.

Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

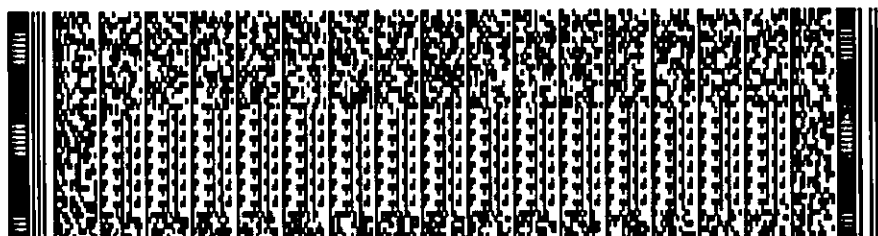
**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) ▶ 27-1235638

MOUNTJOY CHILTON MEDLEY LLP

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ this form is filed for a CCT, PSA or MTIA. (2) ☐ it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



**Part IV Transactions During Plan Year**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

- a** Did the employer fail 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.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)
- c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)
- d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
- h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)
- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

	Yes	No	Amount
<b>a</b>		X	
<b>b</b>		X	
<b>c</b>		X	
<b>d</b>		X	
<b>e</b>	X		1000000
<b>f</b>		X	
<b>g</b>		X	
<b>h</b>		X	
<b>i</b>	X		
<b>j</b>		X	
<b>k</b>		X	

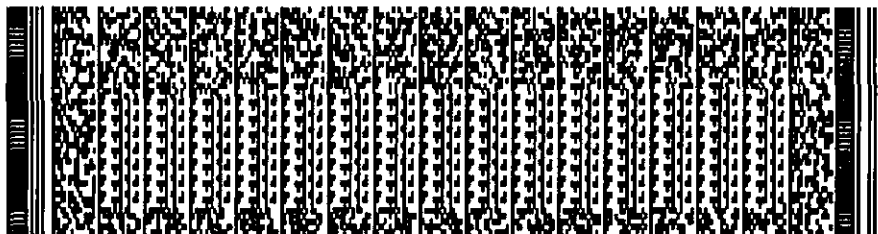
**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)



**WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)**  
**EIN: 61-0468003 Plan Number: 001**  
**September 30, 2009**

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral	(e) Current Value
	Money market fund:		
	Fidelity Investments	Cash Reserves Fund - 4,099,790 shares	\$ 4,099,790
	Mutual funds:		
	American Beacon	Small Cap Value Fund - 146,249 shares	2,164,490
	American Funds	Growth Fund of America - 157,680 shares	4,102,830
	Fidelity Investments	Diversified International Fund - 213,346 shares	3,091,383
	Fidelity Investments	Spartan US Equity Index Fund - 113,000 shares	4,244,296
	Pimco	Total Return Instl Class Fund - 345,426 shares	3,772,050
	T. Rowe Price	2010 Retirement Fund - 68,360 shares	944,731
	T. Rowe Price	2020 Retirement Fund - 367,674 shares	5,235,672
	T. Rowe Price	2030 Retirement Fund - 72,191 shares	1,056,159
	T. Rowe Price	2040 Retirement Fund - 39,037 shares	570,334
	T. Rowe Price	2050 Retirement Fund - 6,010 shares	49,105
	T. Rowe Price	Equity Income Income Fund - 152,406 shares	3,051,177
	T. Rowe Price	Retirement Income Fund - 24,831 shares	297,225
	Vanguard	Small Cap Growth Index Fund - 79,945 shares	1,292,709
	Vanguard	Strategic Equity Fund - 61,599 shares	893,804
	Fidelity	Self-directed brokerage accounts	<u>9,379,019</u>
			40,144,984
	Common/collective trust fund:		
*	PNC Bank, NA	PNC Investment Contract Fund - 2,082,237 units	6,734,995
	Government securities:		
	Fidelity Investments	Self-directed brokerage accounts	96,904
	Corporate bonds:		
	Fidelity Investments	Self-directed brokerage accounts	47,361
	Common stocks:		
	Fidelity Investments	Self-directed brokerage accounts	8,228,740
	Insurance contract:		
	Mony Life Insurance Company	Variable Annuity Contract	72,357
	Participant loans	Interest rates ranging from 4.25% to 9.25%, various maturity dates	<u>890,744</u>
			<u>\$ 60,315,875</u>

\* denotes party-in-interest

(d) Cost information not required due to participant-directed plan



**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2008**

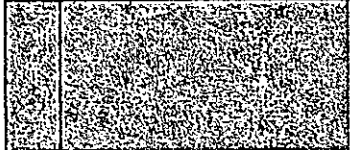
**This Form Is Open to  
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009

<b>A</b> Name of plan WYATT, TARRANT, COMBS, LLP PROFIT SHARING PLAN AND T	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 WYATT, TARRANT & COMBS, LLP	<b>D</b> Employer Identification Number 61-0468003

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.	<b>1</b> \$ 0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 25-1211909	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.	

**Part II 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)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A  
If the plan is a defined benefit plan, go to line 7.

**5** If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver. Month Day Year  
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

<b>6a</b> Enter the minimum required contribution for this plan year	<b>6a</b> \$
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year	<b>6b</b> \$
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	<b>6c</b> \$

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 approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

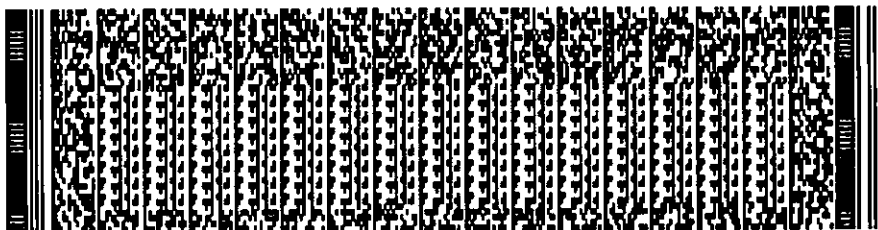
**Part III Amendments**

**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 "No" box. (See instructions.) ☐ Increase ☐ Decrease ☐ No

**Part IV Coverage (See instructions.)**

**9** Check the box for the test this plan used to satisfy the coverage requirements ☒ ratio percentage test ☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008



**Schedule SSA (Form 5500) removed  
from filing and forwarded to the  
Social Security Administration.**

# Application for Extension of Time To File Certain Employee Plan Returns

► For Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

## Part I Identification

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) <b>Wyatt, Tarrant, Combs, LLP</b> Number, street, and room or suite no. (If a P.O. box, see instructions) <b>2800 Citizens Plaza</b> City or town, state, and ZIP code <b>Louisville KY 40202</b>		<b>B</b> Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). <b>61 0468003</b> <input type="checkbox"/> Social security number (SSN)	
<b>C</b> Plan name		Plan number	Plan year ending— MM DD YYYY
1 <b>Wyatt, Tarrant, Combs, LLP Profit Sharing Plan and Trust</b>		<b>0 0 1</b>	<b>09 30 2009</b>
2			
3			

## Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

- 1 I request an extension of time until **07 / 15 / 2010** to file Form 5500 or Form 5500-EZ.  
The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

## Part III Extension of Time to File Form 5330 (see instructions)

- 2 I request an extension of time until \_\_\_\_/\_\_\_\_/\_\_\_\_ to file Form 5330.  
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.
- |  |   |
|--|---|
| a Enter the Code section(s) imposing the tax   | a |
| b Enter the payment amount attached  | b |
| c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date | c |
- 3 State in detail why you need the extension
- .....
- .....

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Notice to  
Applicant

To Be Completed by the IRS if Part III is completed ▼

- ☐ This application for extension to file Form 5330 IS approved to the date shown on line 2.  
(You must attach an approved copy of this form to each Form 5330 that was granted an extension.)
- ☐ The date entered on line 2 is more than the 6-month maximum time allowed for Form 5330. This application is approved to \_\_\_\_\_. (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)
- ☐ The application for an extension for Form 5330 is not approved, because it was filed after the normal due date of the return. (A 10-day grace period is not granted.)
- ☐ This application for an extension for Form 5330 is not approved, because:
- ☐ The application was not signed.
  - ☐ No reason was given on this application or the reason was not acceptable.
  - ☐ No payment was attached for the tax due on Form 5330.
  - ☐ Other ► .....
- A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later.  
(You must attach a copy of this form to each return you file that is granted a grace period.)

(Date)

(Director)

By: \_\_\_\_\_

Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

Print  
or  
Type

Name **Mark O'Sullivan, Partner**  
Number, street, and room or suite no. (If a P.O. box, see instructions.)  
**500 W Jefferson St. Suite 2800**  
City or town, state, and ZIP code  
**Louisville, KY 40202**

tracking # 12:45 4/13/10  
85827569245

Financial Statements

**WYATT, TARRANT & COMBS, LLP  
PROFIT SHARING PLAN**

September 30, 2009 and 2008

# **WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN**

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**September 30, 2009 and 2008**

<b>Independent Auditor's Report .....</b>	<b>1</b>
<b>Financial Statements</b>	
<b>Statements of Net Assets Available for Benefits .....</b>	<b>2</b>
<b>Statements of Changes in Net Assets Available for Benefits .....</b>	<b>3</b>
<b>Notes to Financial Statements .....</b>	<b>4</b>
<b>Supplemental Schedule</b>	
<b>Schedule of Assets (Held at End of Year) .....</b>	<b>11</b>



Mountjoy  
Chilton  
Medley

## INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of the  
Wyatt, Tarrant & Combs, LLP Profit Sharing Plan  
Louisville, Kentucky

We were engaged to audit the accompanying statement of net assets available for benefits of the Wyatt, Tarrant & Combs, LLP Profit Sharing Plan (the Plan) as of September 30, 2009 and the related statement of changes in net assets available for benefits for the year then ended and the supplemental Schedule of Assets (Held at End of Year) as of September 30, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended September 30, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report dated June 15, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by PNC Bank, NA, the trustee, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the trustee as of and for the year ended September 30, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements as of and for the year ended September 30, 2009 that we did not audit, we are unable to, and do not, express an opinion on those accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in those financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Mountjoy Chilton Medley LLP*

Louisville, Kentucky  
July 6, 2010

**WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

September 30, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<b>ASSETS</b>		
Investments, at fair value:		
Money market funds	\$ 4,099,790	\$ 4,489,657
Mutual funds	40,144,984	38,342,174
Common/collective trust fund	6,734,995	6,137,105
Common stocks	8,228,740	7,257,000
Government securities	96,904	100,902
Corporate bonds	47,361	330,014
Preferred stocks	-	37,800
Insurance contracts	72,357	152,673
Participant loans	<u>890,744</u>	<u>946,997</u>
	60,315,875	57,794,322
Contributions receivable:		
Employer	3,527,730	3,467,846
Participants'	<u>244,083</u>	<u>237,179</u>
	<u>3,771,813</u>	<u>3,705,025</u>
<b>Net assets available for benefits</b>	<u><b>\$ 64,087,688</b></u>	<u><b>\$ 61,499,347</b></u>

See accompanying independent auditor's report  
and notes to financial statements



**WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN****STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Year ended September 30, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<b>Additions to net assets attributed to:</b>		
Interest and dividends	\$ 1,684,201	\$ 2,721,044
Miscellaneous income	55,523	5,603
Contributions:		
Employer	3,475,613	3,511,410
Participants'	2,095,996	2,175,644
Rollover	-	270,799
	<u>5,571,609</u>	<u>5,957,853</u>
 <b>Total additions</b>	 7,311,333	 8,684,500
 <b>Deductions from net assets attributed to:</b>		
Net depreciation in fair value of investments	1,739,849	14,287,216
Payments to participants	2,898,935	3,638,104
Administrative expenses	<u>84,208</u>	<u>80,449</u>
 <b>Total deductions</b>	 <u>4,722,992</u>	 <u>18,005,769</u>
 <b>Net increase (decrease)</b>	 2,588,341	 (9,321,269)
 <b>Net assets available for benefits:</b>		
 <b>Beginning of Year</b>	 <u>61,499,347</u>	 <u>70,820,616</u>
 <b>End of Year</b>	 <u>\$ 64,087,688</u>	 <u>\$ 61,499,347</u>

See accompanying independent auditor's report  
and notes to financial statements

## **WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

September 30, 2009 and 2008

#### **NOTE A—DESCRIPTION OF PLAN**

The Plan's sponsor, Wyatt, Tarrant & Combs, LLP (the Partnership), is a partnership engaged in the practice of law.

The following summary of the Wyatt, Tarrant & Combs, LLP Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution plan covering substantially all eligible partners and employees of the Partnership. Eligible partners and employees may make salary deferral contributions following the completion of one hour of service and attainment of age 21, with entry dates being the first day of each calendar quarter. Eligibility for employer profit sharing contributions require one year of employment with a minimum of 1,000 hours worked and attainment of age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions:** For each Plan year, the Partnership contributes on behalf of each eligible participant, out of net profits, 10% of the participant's earnings for the Plan year. Earnings include "earned income" as defined in Section 401(c)(2) of the Internal Revenue Code (IRC) for partners, and total compensation earned, including bonuses and overtime, for all other participants. To receive an allocation of the employer profit sharing contribution, a participant must have met all eligibility requirements, have completed at least 1,000 hours of service during the Plan year and be actively employed on the last day of the Plan year. The participant may also elect to defer and contribute to the Plan an amount or percentage of their earnings not to exceed the maximum amount allowable by the IRC on a pretax basis. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions. Participants are also permitted to make Roth 401(k) elective deferrals to the Plan on a post-tax basis and may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Total contributions are subject to the limitations imposed under the IRC.

**Investment Options:** Upon enrollment in the Plan, a participant may direct their account balances into various investment options offered by the Plan including self-directed brokerage accounts.

**Participant Accounts:** Each participant's account is credited with the participant's contribution and an allocation of (a) the employer's contribution, and (b) Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:** Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the employer contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after the completion of 6 years of credited service.

Employer contribution accounts also become fully vested upon death, attainment of age 65, or if employment terminates due to disability.

## WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS--CONTINUED

September 30, 2009 and 2008

#### NOTE A--DESCRIPTION OF PLAN--CONTINUED

Payment of Benefits: Upon retirement, disability, death or termination of employment, a participant can elect to roll over his or her vested account balance into an Individual Retirement Account (IRA) or other qualified retirement plan, or receive it in a lump-sum amount. If the vested account is \$1,000 or less, an automatic lump sum distribution will be made. In-service withdrawals are permitted from the vested portion of participant accounts upon the attainment of age 59 ½. Hardship withdrawals from the vested portion of participant accounts are also permitted by the Plan if certain conditions are satisfied.

Participant Loans: Participants may borrow up to 50% of their vested account balances, with a minimum of \$1,000 up to a maximum of \$50,000. Loan terms can be up to five years for general purposes, or twenty years for the purchase of a residence. The loans are secured by the balance in the participant's account and bear interest at rate of prime plus 1% determined on the first day of the month in which the loan is made. Interest rates on loans ranged from 4.25% to 9.25% at September 30, 2009. Principal and interest is paid ratably through monthly or semimonthly payroll deductions.

Forfeitures: Forfeited nonvested accounts will be used to reduce future employer contributions. In 2009 and 2008, employer contributions were reduced by \$46,203 and \$54,385 respectively, from forfeited nonvested accounts.

#### NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform to accounting principles generally accepted in the United States of America, have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting: The financial statements of the Plan are presented on the accrual basis of accounting.

FASB Codification: In June 2009, the Financial Accounting Standards Board (FASB) issued SFAS No. 168, entitled *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (GAAP)*. In substance, SFAS No. 168 makes the FASB Accounting Standards Codification (ASC) the sole source of authoritative accounting technical literature for nongovernmental entities. All accounting guidance that is not included in the ASC now is considered to be non-authoritative. The ASC is effective for interim and annual reporting periods ending after September 15, 2009. The Plan adopted the ASC upon issuance, with no material impact to the financial statements.

Fair Value Measurements and Disclosures: In April 2009, the FASB issued guidance that reaffirms that fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date under current market conditions. It also emphasizes the need to use judgment in determining if a formerly active market has become inactive and in determining fair values when the market has become inactive. This guidance also expands disclosures and requires that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments. This guidance is effective for periods ending after June 15, 2009. The adoption did not have a material impact on the Plan's financial statements.

## **WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS--CONTINUED**

September 30, 2009 and 2008

#### **NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--CONTINUED**

In September 2009, the FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of entities that calculate a net asset value per share (such as hedge funds, private equity funds, funds of funds, and certain collective trusts, and pooled separate accounts). This guidance also requires additional disclosures of the attributes of these investments. The guidance is effective for periods ending after December 15, 2009. The Partnership is currently evaluating the impact that this guidance will have on the Plan's financial statements but does not expect the adoption to have a material impact on the Plan's financial statements.

In January 2010, the FASB issued guidance which expands the required disclosures about fair value measurements. In particular, this guidance requires (i) separate disclosure of the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements along with the reasons for such transfers, (ii) information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements, (iii) fair value measurement disclosures for each class of assets and liabilities and (iv) disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for fair value measurements that fall in either Level 2 or Level 3. This guidance is effective for annual reporting periods beginning after December 15, 2009 except for (ii) above which is effective for fiscal years beginning after December 15, 2010. The Partnership is currently evaluating the impact that this guidance will have on the Plan's financial statements but does not expect the adoption to have a material impact on the Plan's financial statements.

Valuation of Investments and Income Recognition: The Plan's investments are stated at fair value. Purchases and sales are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they are to initiate permitted transactions under the terms of the Plan. The Plan invests in an investment contract through a common/collective trust fund which is considered fully benefit-responsive. Contract value for this common/collective trust fund is based on the net asset value of the fund as reported by the investment advisor. As of September 30, 2009 and 2008, contract value approximates fair value therefore no adjustment is necessary. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Management fees and operating expenses charged to the Plan for investments in mutual funds and the common/collective trust fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Net Depreciation in Fair Value of Investments: The Plan presents in the accompanying statements of changes in net assets available for benefits the net depreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

## WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS--CONTINUED

September 30, 2009 and 2008

#### NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--CONTINUED

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Risks and Uncertainties: The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Subsequent Events: The Plan's management evaluated subsequent events through July 6, 2010, the date on which the financial statements were available to be issued and no additional disclosures were required.

Reclassifications: Certain amounts in the 2008 financial statements have been reclassified to conform to the 2009 presentation. The reclassifications have no impact on net assets available for benefits.

#### NOTE C--INVESTMENTS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, PNC Bank, NA, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statement of net assets available for benefits as of September 30, 2009, the schedule of assets (held at end of year) as of September 30, 2009, and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended September 30, 2009

PNC Bank, NA has custody of Plan assets, executes transactions, and receives contributions from the Partnership. The following table presents investments that represent 5 percent or more of the Plan's net assets available for benefits at September 30, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Mutual funds:		
American Growth Fund of America	\$ 4,102,830	\$ 4,506,356
Fidelity Spartan US Equity Fund	4,244,296	4,385,562
Pimco Total Return Instl Class Fund	3,772,050	less than 5%
T. Rowe Price 2020 Retirement Fund	5,235,672	less than 5%
Fidelity Advisors Diversified Int'l Fund	less than 5%	3,349,204
T. Rowe Price Equity Income Advisors Fund	less than 5%	3,312,517
American Balanced Fund	-	4,070,809
Money market fund:		
Fidelity Cash Reserves Fund	4,099,790	4,489,576
Common/collective trust fund:		
PNC Investment Contract Fund	6,734,995	6,137,105

## WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS--CONTINUED

September 30, 2009 and 2008

#### NOTE C--INVESTMENTS--CONTINUED

The Plan's investments (including investments bought, sold, and held during the year) incurred net depreciation of \$(1,739,849) and \$(14,287,216) in 2009 and 2008, respectively, as follows:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$(1,146,188)	\$(9,640,151)
Common/collective trust fund	203,128	214,377
Self-directed brokerage accounts	(784,929)	(4,849,427)
Insurance contracts	<u>(11,860)</u>	<u>(12,015)</u>
	<u>\$(1,739,849)</u>	<u>\$(14,287,216)</u>

#### NOTE D--FAIR VALUE MEASUREMENTS

ASC 820-10, *Fair Value Measurements* (ASC 820-10), adopted by the Plan effective October 1, 2008, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

- Level 1: Quoted market prices in active markets for identical assets or liabilities. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data, such as quoted prices for similar assets or liabilities or model-derived valuations.
- Level 3: Unobservable inputs that are not corroborated by market data. These inputs reflect a company's own assumptions about the assumptions a market participant would use in pricing the asset or liability.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS--CONTINUED

September 30, 2009 and 2008

#### NOTE D--FAIR VALUE MEASUREMENTS--CONTINUED

The following table provides the amounts and their corresponding level of hierarchy of the Plan's assets measured at fair value on a recurring basis as of September 30, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 4,099,790	\$ -	\$ -	\$ 4,099,790
Mutual funds	40,144,984	-	-	40,144,984
Common stocks	8,228,740	-	-	8,228,740
Common/collective trust fund	-	6,734,995	-	6,734,995
Government securities	-	96,904	-	96,904
Corporate bonds	-	47,361	-	47,361
Insurance contract	-	-	72,357	72,357
Loans to participants	-	-	890,744	890,744
	<u>\$52,473,514</u>	<u>\$ 6,879,260</u>	<u>\$ 963,101</u>	<u>\$60,315,875</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended September 30, 2009:

	<u>Insurance contracts</u>	<u>Participant loans</u>
Balance, beginning of year	\$ 152,673	\$ 924,869
Net unrealized depreciation	(11,860)	-
Purchases, settlements and dispositions	(68,456)	(34,125)
Balance, end of year	<u>\$ 72,357</u>	<u>\$ 890,744</u>

The following is a description of the valuation methodologies used for the investments measured at fair value. There have been no changes in the methodologies used at September 30, 2009.

*Money market funds and mutual funds:* Valued at the net asset value of shares held by the Plan at year end as quoted by the fund.

*Common stocks and government securities:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Common/collective trust fund:* Valued at the net asset value per unit held by the Plan at year end as quoted by the fund.

*Corporate bonds:* Valued at quoted prices in markets that are not active, broker dealer quotations, or other methods by which all significant inputs are observable, either directly or indirectly.

*Insurance contract:* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

*Loans to participants:* Valued at amortized cost, which approximates fair value

## **WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS—CONTINUED**

September 30, 2009 and 2008

#### **NOTE E—TAX STATUS**

The Plan has adopted a volume submitter plan document sponsored by the Partnership. The volume submitter obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the volume submitter, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan administrator believes the Plan is being operated in compliance with the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

#### **NOTE F—PLAN TERMINATION**

Although it has not expressed any intent to do so, the Partnership has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

#### **NOTE G—ADMINISTRATION OF PLAN**

Certain administrative functions are performed by officers or employees of the Partnership. No officer or employee receives compensation from the Plan.

#### **NOTE H—RELATED PARTY TRANSACTIONS**

Certain Plan investments are units of a common/collective trust fund managed by PNC Bank, NA. PNC Bank, NA is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment services provided by PNC Bank, NA amounted to \$69,036 and \$80,449 for the years ended September 30, 2009 and 2008, respectively.



## **SUPPLEMENTAL SCHEDULE**

**WYATT, TARRANT & COMBS, LLP PROFIT SHARING PLAN****SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)

EIN: 61-0468003 Plan Number: 001

September 30, 2009

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral	(e) Current Value
	Money market fund:		
	Fidelity Investments	Cash Reserves Fund - 4,099,790 shares	\$ 4,099,790
	Mutual funds:		
	American Beacon	Small Cap Value Fund - 146,249 shares	2,164,490
	American Funds	Growth Fund of America - 157,680 shares	4,102,830
	Fidelity Investments	Diversified International Fund - 213,346 shares	3,091,383
	Fidelity Investments	Spartan US Equity Index Fund - 113,000 shares	4,244,296
	Pimco	Total Return Instl Class Fund - 345,426 shares	3,772,050
	T. Rowe Price	2010 Retirement Fund - 68,360 shares	944,731
	T. Rowe Price	2020 Retirement Fund - 367,674 shares	5,235,672
	T. Rowe Price	2030 Retirement Fund - 72,191 shares	1,056,159
	T. Rowe Price	2040 Retirement Fund - 39,037 shares	570,334
	T. Rowe Price	2050 Retirement Fund - 6,010 shares	49,105
	T. Rowe Price	Equity Income Income Fund - 152,406 shares	3,051,177
	T. Rowe Price	Retirement Income Fund - 24,831 shares	297,225
	Vanguard	Small Cap Growth Index Fund - 79,945 shares	1,292,709
	Vanguard	Strategic Equity Fund - 61,599 shares	893,804
	Fidelity	Self-directed brokerage accounts	<u>9,379,019</u>
			40,144,984
	Common/collective trust fund:		
*	PNC Bank, NA	PNC Investment Contract Fund - 2,082,237 units	6,734,995
	Government securities:		
	Fidelity Investments	Self-directed brokerage accounts	96,904
	Corporate bonds:		
	Fidelity Investments	Self-directed brokerage accounts	47,361
	Common stocks:		
	Fidelity Investments	Self-directed brokerage accounts	8,228,740
	Insurance contract:		
	Mony Life Insurance Company	Variable Annuity Contract	72,357
	Participant loans	Interest rates ranging from 4.25% to 9.25%, various maturity dates	<u>890,744</u>
			<u>\$ 60,315,875</u>

\* denotes party-in-interest

(d) Cost information not required due to participant-directed plan

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