	Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan					OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	t This form is required to be filed	e	2009							
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A Internal R		This Form is Open to Public							
P	Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. 										
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009										
	This return/report is for:	first return/report		one-participant plan							
в	This return/report is for:	an amended return/report	nths)								
C	Check how if filing under	Form 5558	11113)								
Pa	Part II Basic Plan Information—enter all requested information										
	Name of plan				1b	Three-digit					
SAU	NDERS CAPITAL GROUP, INC	PROFIT SHARING RETIREMENT	TRUST			plan number 001					
					1c	(PN) ► 001 Effective date of plan					
						01/01/1989					
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number					
SAU	NDERS CAPITAL GROUP, INC				2c	(EIN) 04-3007392 Plan sponsor's telephone number					
	BOX 99281										
LOUI	ISVILLE, KY 40269				2d	Business code (see instructions) 541600					
	Plan administrator's name and NDERS CAPITAL GROUP, INC	address (if same as Plan sponsor, er		2")	3b	Administrator's EIN 04-3007392					
SAUI	NDERS CAPITAL GROUP, INC	LOUISVILLE,)	3c	C Administrator's telephone number					
		n sponsor has changed since the las r from the last return/report. Sponso	port filed for this plan, enter the	4b	EIN						
	name, Ent, and the plan nambe	nom mender returnineport. Oponso	i o name		4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a	1					
b	Total number of participants at	5b	1								
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	1					
6a	Were all of the plan's assets d	(See instructions.)		X Yes No							
	Are you claiming a waiver of th	e annual examination and report of a	dent qualified public accountant (IQ								
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No					
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	308762	2	322021					
b	•		7b		_						
<u> </u>	Net plan assets (subtract line 7	308762									
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total					
a			8a(1)								
	(2) Participants		8a(2)								
	(3) Others (including rollovers)		8a(3)								
b			8b 8c	478	1						
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums			4781						
u		onovers and insurance premiums									
е	Certain deemed and/or correct	ive distributions (see instructions)	8e								
f	•	s (salaries, fees, commissions)	1335	3							
g		nses									
h		Be, 8f, and 8g)	8h		1;						
i		e 8h from line 8c)	8i			-8572					
J	inalisters to (from) the plan (se	e instructions)	8j								

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amou	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?							
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 							
f	Has the plan failed to provide any benefit when due under the plan?							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part	VI Pension Funding Compliance							
11								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	D	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?							X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C 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.)								
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)	1	3c(3)	PN(s)
Caut	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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/21/2010	ROBERT SAUNDERS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						oyee	OMB Nos. 1210-01 1210-00			
Department of the treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of Retirement Income Security Act of 1974 (ERISA), and section 6 Internal Revenue Code (the Code).					f the E 6058(Employee a) of the		2009		
									This Form is Open	
Pension B	Annual Reno	Complete all entries in accordance with the ort Identification Information	instruc	tions to t	he Fo	rm 5500-SI	F. t	o Public	Inspection	
	· · · ·				nd en	dina	12/3	1/20	0.9	
-					and ending 12/31/2009 multiemployer) one-participant plan					
					anion	poyor		participai	ni pian	
~	ck box if filing under:	an amended return/report short plan year return/report (less than 12 month X Form 5558 automatic extension					f T	s)] DFVC program		
	Deste Diss is	special extension (enter description)								
Part II		formation - enter all requested information			41-					
	e of plan	CROUD INC DROFT CHART	NTC		ar	Three-digit plan numbe	er (PN)		0.01	
	REMENT TRUST	GROUP, INC. PROFIT SHARI	NG			Effective da			001	
2a Plar	sponsor's name and a	address (employer, if for single-employer plan)			2b	Employer lo			her (FIN)	
	•	GROUP, INC.			~~~	• •	-3007			
	BOX 99281				2c	Plan spons			Imber	
	SVILLE	KY 40269			2d	Business c 5 4 1	ode (see L 6 0 0	instructi	ons)	
		and address (If same as Plan sponsor, enter "Same	÷")		3b	Administrat				
SAME		· · · · · · · · · · · · · · · · · · ·	,							
					3c	Administra	tor's tele	phone nu	umber	
·										
4 If the r	name and/or EIN of the	plan sponsor has changed since the last return/re	port filed	for this	4b	EIN				
plan, e	enter the name, EIN, an		Sponsor's						· . ·····	
plan, (enter the name, EIN, an				4c	PN			•	
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For Paperwork Reduction Act Notice and OMB Control Numbers, see instructions for Form 5500-SF.

918571 05-14-09

Part IV Plan Characteristics

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

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

Par	t V Compliance Questions							
10	During the plan year:		Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described							
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include							
	transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that							
	was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance							
	carrier, insurance service or other organization that provides some or all of the benefits under							
	the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
h	If this is an individual account plan, was there a blackout period? (See instructions					- 같은 것은 것은 것을 알려올랐다. 같은 아이지는 것은 것은 것은 것은 것이 있는 것은 것이 있는 것이 없다. 같은 아이지는 것은 것은 것은 것은 것은 것이 없는 것이 없다.		
	and 29 CFR 2520.101-3.)	10h		X			강화관승규는	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one							
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ns and	comp	lete		-		
10	Schedule SB (Form 5500))				<u></u>	Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 c	of the C	ode o	r		—		
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes	X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,	see ins	tructic	ons, ar	nd enter f	the date of	the letter	
	ruling granting the waiver Month		Dag	у		Year		
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 1	3.		r			
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to							
	the left of a negative amount)				L			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			. I	/es	No	N/A	
L	t VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year? \dots					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, a	or brou	ght			_	-	
	under the control of the PBGC?					Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s),	identi	fy the	plan(s) to whicl	h assets or		
	liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	13c(2) EIN(s)			13c(3)	PN(s)		
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless	reasor	able o	cause	is estab	lished.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if a by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true				or Schedul	e MB complete	ed and	

SIGN	Robert Sal	9/14/10	ROBERT SAUNDERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor