Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For	art I	Annual Nepolt I	dentification Informa	ation				
	calend	ar plan year 2009 or fisc	cal plan year beginning	01/01/2009		and ending	12/31/2	2009
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:					n/report		_
			an amended return/repo	ort 🗒 :	short plan	year return/report (less than 12 me	onths)	
C	Chack	box if filing under:	Form 5558	H		extension	,	DFVC program
•	CHECK	box ii iiiiig dilder.	special extension (enter			SACTION 1		_ Di vo piogiaiii
D	art II	Pacia Plan Infor	mation—enter all reques		,			
		of plan	mation—enter all reques	ted informa	tion		1h	Three-digit
		& MORE, LLC 401(K) PL	_AN				10	plan number
		, ====(,						(PN) • 001
							1c	Effective date of plan
							O.L.	01/01/2008
		ponsor's name and add MORE, LLC	ress (employer, if for single	-employer p	olan)		2D	Employer Identification Number (EIN) 75-3135896
LAI	10100	x WORL, LLC					2c	Plan sponsor's telephone number
		GHWAY 42 - SUITE J						859-647-9681
FLO	RENCE	E, KY 41042					2d	Business code (see instructions)
32	Dlan a	udministrator's name and	d address (if same as Plan s	enoncor on	tor "Same	,"\	3h	541519 Administrator's EIN
		MORE, LLC	84	49 US HIGH	HWAY 42		35	75-3135896
			FL	ORENCE, I	KY 41042		3с	Administrator's telephone number
4	16.41	1/ EIN (1/)	 				41	859-647-9681
			ian sponsor has changed si er from the last return/repor			port filed for this plan, enter the	4b	EIN
				оролоо.	oao		4c	PN
5a	Total	number of participants a	at the beginning of the plan	year			5a	6
b	Total	number of participants a	at the end of the plan year				0	
С	Total	number of participants v	vith account balances as of	the end of	the plan y	ear (defined benefit plans do not		
	comp	lete this item)					5c	0
		•		ed in eligible		(See instructions.)		Yes No
b					and the state of the		D 4 \	
						dent qualified public accountant (IC		 X Yes ∏ No
		29 CFR 2520.104-46?	(See instructions on waiver	eligibility a	nd conditi	dent qualified public accountant (ICons.)S SF and must instead use Form 5		Yes No
Pa		29 CFR 2520.104-46?	(See instructions on waiver her 6a or 6b, the plan can	eligibility a	nd conditi	ons.)		Yes No
Ра 7	If you art III	29 CFR 2520.104-46? answered "No" to eit	(See instructions on waiver her 6a or 6b, the plan can	eligibility a	nd conditi	ons.)		Yes No
	If you art III Plan A	29 CFR 2520.104-46? I answered "No" to eitl Financial Inform Assets and Liabilities	(See instructions on waiver her 6a or 6b, the plan can	eligibility annot use Fo	nd conditi	ons.)SF and must instead use Form 5	500.	
7 a	If you art III Plan A Total	29 CFR 2520.104-46? I answered "No" to eitl Financial Inform Assets and Liabilities	(See instructions on waiver her 6a or 6b, the plan can nation	eligibility annot use Fo	nd conditi	ons.)SF and must instead use Form 5.	500.	(b) End of Year
7 a	If you art III Plan A Total Total	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets	(See instructions on waiver her 6a or 6b, the plan can nation	eligibility annot use Fo	nd conditi rm 5500-	ons.)SF and must instead use Form 5.	500. 5 0	(b) End of Year
7 a b	If you art III Plan A Total Total Net pl	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Trans	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility annot use Fo	nd conditi rm 5500- 7a 7b	(a) Beginning of Year	500. 5 0	(b) End of Year
7 a b c	If you art III Plan A Total Net pl Incom	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Trans ibutions received or recei	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility a	7a 7b 7c	(a) Beginning of Year 3095	500. 5 0	(b) End of Year 0 0 0
7 a b c	Plan A Total Net pl Incom Contri (1) E	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Trans ibutions received or received present the subtract line manufactures and the subtract line manufactures and liabilities	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility ai	7a 7b 7c 8a(1)	(a) Beginning of Year 3095 (a) Amount	5 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year 0 0 0
7 a b c	Plan A Total Net pl Incom Contri (1) E (2) P	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or receimployers	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility a	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 3095	500. 5 0 5	(b) End of Year 0 0 0
7 a b c 8 a	Plan A Total Net pl Incom Contri (1) E (2) P	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Trans ibutions received or receimployers articipants thers (including rollovers	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility a	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 3095 (a) Amount	500. 5 0 5 0	(b) End of Year 0 0 0
7 a b c 8 a	rt III Plan A Total Net pl Incom Contri (1) E (2) P (3) O	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or recemployers articipants thers (including rollovers income (loss)	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility a	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 3095 (a) Amount	500. 5 0 5 0	(b) End of Year 0 0 (b) Total
7 a b c 8 a	Plan A Total Total Net pl Incom Contri (1) E (2) P (3) O Other	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or recemployers articipants articipants thers (including rollovers income (loss)	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility ai	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 3095 (a) Amount	500. 5 0 5 0	(b) End of Year 0 0 0
7 a b c 8 a	Plan A Total Net pl Incom Contri (1) E (2) P (3) O Other Total i Benef	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or recemployers articipants thers (including rollovers income (loss) income (add lines 8a(1), fits paid (including direct	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility ai	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 3095 (a) Amount	500. 5 0 5 0 3 0 4	(b) End of Year 0 0 (b) Total
7 a b c 8 a	rt III Plan A Total Net pl Incom Contri (1) E (2) P (3) O Other Total i Benef to pro	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or received planses) participants articipants thers (including rollovers income (loss)	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility ai	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 3098 (a) Amount	500. 5 0 5 0 3 0 4	(b) End of Year 0 0 (b) Total
7 a b c 8 a b c	Plan A Total Net pl Incom Contri (1) E (2) P (3) O Other Total i Benefito pro	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or recemployers articipants thers (including rollovers income (loss)	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility au not use Fo	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 3098 (a) Amount	500. 5 0 5 0 3 0 4	(b) End of Year 0 0 (b) Total
7 a b c 8 a b c d e	Plan A Total Total Net pl Incom Contri (1) E (2) P (3) O Other Total i Benef to pro Certai Admir	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or recemployers articipants thers (including rollovers income (loss)	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	emiums uctions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 3098 (a) Amount	500. 5 0 5 0 3 0 4	(b) End of Year 0 0 (b) Total
7 a b c 8 a b c d e	Plan A Total Total Total Total Income Contri (1) E (2) P (3) O Other Total Benefito pro Certai Admir Other	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility and use Fo	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 3098 (a) Amount	500. 5 0 5 0 3 0 4 4 2 0 0 0	(b) End of Year 0 0 (b) Total
7 a b c 8 a b c d e f g	Plan A Total Net pl Incom Contri (1) E (2) P (3) O Other Total i Benef to pro Certai Admir Other	r 29 CFR 2520.104-46? answered "No" to eith Financial Inform Assets and Liabilities plan assets plan liabilities lan assets (subtract line ne, Expenses, and Transibutions received or recemployers articipants thers (including rollovers income (loss) income (add lines 8a(1), fits paid (including direct vide benefits) in deemed and/or correct instrative service provide expenses	(See instructions on waiver her 6a or 6b, the plan can nation 7b from line 7a)	eligibility au not use Fo	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 3098 (a) Amount	500. 5 0 5 0 3 0 4 4 2 0 0 0	(b) End of Year 0 0 (b) Total

Fall IV Fian Gharagiensucs	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 2G 2J 2K 2R 3D

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

art	٧	Compliance Questions						
0	Duri	ing the plan year:		Yes	No		Amoun	t
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				15000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, prance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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.)	10q		X			
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Ye	es X No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.	. Ye	es 🛚 No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
		er the minimum required contribution for this plan year		1	12c			
		er the amount contributed by the employer to the plan for this plan yearthe thin the tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120			
		ative amount)tie i 120 nom the amount in line 120. Enter the result (enter a minus sign to the left			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art '	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X Ye	es No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to PBGC?	under	the co			X Ye	es No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1			
1:	13c(1) Name of plan(s):					IN(s)	13c	(3) PN(s)
auti	on: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Inde	r pen	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retreduced MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	urn/rep	oort, in	cludin	g, if appli	,	

SIGN	Filed with authorized/valid electronic signature.	09/30/2010	RONALD SHANE BURCH					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	09/30/2010	RONALD SHANE BURCH					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

P	art I Annual Report	Identification Information			*					
For	the calendar plan year 2009	or fiscal plan year beginning	01/01	/2009	and ending	12/31/2009				
Α -	This return/report is for:	x single-employer plan	multiple-en	nployer plan (not multiemployer)	one-partic	ipant plan			
В	This return/report is for:	first return/report	x final return	/report						
		an amended return/report	=	vear return/re	port (less than 12 month	ıs)				
C (Check box if filing under:	x Form 5558	automatic	='	,,	DFVC pro	aram			
	onesk box ii illing drider.	special extension (enter descripti	L	-			gram			
2022		Ш '								
	art II Basic Plan Info Name of plan	ormation enter all requested in	formation.		T	1b Three-digit				
ıa	·					plan number	1			
	LAPTOPS & MORE, LLC	401(k) PLAN				(PN) ►	001			
						1c Effective date 01/01/200	•			
2a	Plan sponsor's name and ad-	dress (employer, if for single-employe	r plan)				entification Number			
	LAPTOPS & MORE, LLC		. ,			(EIN) 75-				
	8449 US HIGHWAY 42	_ CIITTE T				•	r's telephone number			
	.0449 OS HIGHWAI 42	- SOLLE O			1	(859) 647 2d Rusiness cod	de (see instructions)			
US	FLORENCE	KY 41042				541519				
3a	Plan administrator's name ar SAME	nd address (If same as plan employer,	, enter "Same")		3b Administrato	r's EIN			
					-					
		·				3c Administrator's telephone number				
	•									
4		e plan sponsor has changed since the		ort filed for th	s plan, enter the	4b EIN				
	name, Env and the plan hum	ber from the last return. Sponsor's Na	ine		Ī	4c PN				
5 a	Total number of participants	at the beginning of the plan year				5a	6			
b	, ,	at the end of the plan year				5b	0			
С		with account balances as of the end of				5c	0			
6a		during the plan year invested in eligible								
b	*	the annual examination and report of	•		•					
		(See instructions on waiver eligibility		•			X Yes No			
5		ther 6a or 6b, the plan cannot use F	orm 5500-SF	and must in	stead use Form 5500.					
	art III Financial Infor	mation	1.0586486565835	1		· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities		-17	(a) E	leginning of Year	(b) E	nd of Year			
a			<u>7a</u>		30,955	 	0			
D	Total plan liabilities		7b		. 0		0			
<u>C</u>	Net plan assets (subtract line	e 7b from line 7a)	7с		30,955		0			
8	Income, Expenses, and Tran				(a) Amount		b) Total			
а	Contributions received or rec	ceivable from:	8a(1)		. 0	75	19 1 2 E			
	• • • • • • • • • • • • • • • • • • • •		8a(2)		5,403					
	• •	ers)	8a(3)		0					
b			8b		10,774					
С	Total income(add lines 8a(1)), 8a(2), 8a(3), and 8b)					16,177			
d	Benefits paid (including direct	ct rollovers and insurance premiums								
					47,132		45.00			
e		ective distributions (see instructions)			0					
f	•	ders (salaries, fees, commissions)			0					
g	Other expenses		· · 8g		0					
h	Total expenses (add lines 80	i, 8e, 8f, and 8g)	<u>8h</u>				47,132			
i		ne 8h from line 8c)					(30,955)			
j	Transfers to (from) the plan	(see instructions)	8j	1	0					

		Form 5500-SF (2009)			Pag	ge 2-		_				
Par	t IV	Plan Characteristics										
9a	lf th	e plan provides pension benefits, enter the applicable pension fea 2E 2G 2J 2K 2R 3D e plan provides welfare benefits, enter the applicable welfare feat										
Pa	rt V	Compliance Questions										
10		uring the plan year:						Yes	No	A	mount	
a		as there a failure to transmit to the plan any participant contributi					10a		x			
b		O CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci fere there any nonexempt transactions with any party-in-interest?					Iva		1		 	
		n line 10a.)					10b		х			
С	: W	as the plan covered by a fidelity bond?					10c	х				15,000
d	D	id the plan have a loss, whether or not reimbursed by the plan's f dishonesty?	idelity bond,	that wa	ıs caı	used by fraud	10d		х			-
е	in	lere any fees or commisions paid to any brokers, agents, or other surance services or other organization that provides some or all of structions.)	of the benef	its unde	r the	plan? (See	10e		x			
f		as the plan failed to provide any benefit when due under the plan					10f		х			
g		id the plan have any participant loans? (If "Yes," enter amount as				İ	10a		x			
ء h		this is an individual account plan, was there a blackout period? (i i	iog					
-	2	520.101-3.)					10h		х			
i estimana	е	10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required n -3...	otice or	one •	of the	10i					
		Pension Funding Compliance										
11		this a defined benefit plan subject to minimum funding requireme									Yes	X No
12		s this a defined contribution plan subject to the minimum funding r f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic	equirements								Yes	X No
	g	a waiver of the minimum funding standard for a prior year is bein ranting the waiver				Monf	ns, a th	and er	nter the Day	date of the I	etter ruling Year	J
	-	inter the minimum required contribution for this plan year						. [12b			
(inter the amount contributed by the employer to the plan for this p						1	12c			
(subtract the amount in line 12c from the amount in line 12b. Enter egative amount)					а • •		12d			0
2300000000	and so the last	VIII the minimum funding amount reported on line 12d be met by t		leadline	? .		•	• •		Yes	∐No	N/A
2142574500	rt V	1992	-									<u></u>
13		las a resolution to terminate the plan been adopted during the plan						٠,			<u>x</u> Yes	∐No
		"Yes," enter the amount of any plan assets that reverted to the e					•	· · ·	13a			0
		Vere all the plan assets distributed to participants or beneficiaries of the PBGC?	, transferred	to anot	her p	olan, or brought un	der ti	ne cor	ntrol • • •		XYes	□No
_	C I	f during this plan year, any assets or liabilities were transferred from the desired of the desired from the	om this plan	to anoth	ner p	lan(s), identify the	plan(s) to				
	130	c(1) Name of plan(s):	Commission	ρ	D _D	WN Co., E.A.		1	3c(2) E	IN(s)	13c(3)	PN(s)
						d - Suite 203						
	a 憩 .		Cin	cinnat	i, Ol	rio 45242					_	
		GN&HEIUHN				984-6100 84-6105						
Cau	ution	: A penalty for the late or incomplete filing of this return/repo					ause	e is es	stablis	hed.		
Und SB	ler p	enalties of perjury and other penalties set forth in the instructions chedule MB completed and signed by an enrolled actuary, as wel	I declare th	at I hav	e exa	amined this return/	repor	t, incl	uding, i	f applicable,	a Schedul vledge and	le i
535	1286	is true, correct, and complete.	1 cil	77/	10	Ronald Shane	, D	roh				
10.5	IGN EDE	/ Konald S. Burch	Date	211	10	Enter name of ind			nina ac	nlan admini	strator	
	ERE	Signature of plan administrator	/ G	1271	ıC				my as	Piair authilli		
	IGN ERE	Signature of employer/plan sponsor	Date	1211	, 0	Enter name of ind			nina as	employer or	r plan snor	nsor