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

	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009)	and ending	12/31/2	2009				
Α .	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 mo	onths)					
C	Check box if filing under:	extension		DFVC program					
	special extension (enter description								
Pa	Int II Basic Plan Information—enter all requested information								
	Name of plan	ation		1b	Three-digit				
	ROCK & ASSOCIATES, INC. EMPLOYEE 401(K) RETIREMENT PLA	AN			plan number				
					(PN) • 001				
				1c	Effective date of plan 07/01/1988				
22	Dian anangar's name and address (ampleyer if for single ampleyer	nlon)		2h	Employer Identification Number				
	Plan sponsor's name and address (employer, if for single-employer prock & ASSOCIATES, INC.	piari)		20	(EIN) 59-2245453				
				2c	Plan sponsor's telephone number				
	:. VIRGINIA STREET AHASSEE, FL 32301				850-222-1988				
IALL	ANASSEE, FL 32301			2d	Business code (see instructions) 541910				
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	<u> </u>	3b	Administrator's EIN				
	ROCK & ASSOCIATES, INC. 253 E. VIRGII	NIA STRE	ÉT		59-2245453				
	TALLAHASSE	EE, FL 32	301	3c	Administrator's telephone number				
1 1	the name and/or EIN of the plan sponsor has changed since the las	t return/re	nort filed for this plan, enter the	4h	850-222-1988 EIN				
	name, EIN, and the plan number from the last return/report. Sponsor		port med for this plan, enter the	40	EIN				
				4c	PN				
5a	5a Total number of participants at the beginning of the plan year			5a	2				
b	b Total number of participants at the end of the plan year				2				
С	Total number of participants with account balances as of the end of			F					
	complete this item)			5c	<u>2</u>				
-	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	rt III Financial Information			1					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
	Total plan assets	7a	10689	3	119955				
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	10689	93 11995					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	8a(1)							
	(1) Employers								
	(3) Others (including rollovers)	8a(2) 8a(3)							
b	Other income (loss)	8b	1306	2					
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		1300	2	13062				
c d	Benefits paid (including direct rollovers and insurance premiums	8c			13002				
u	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				
i	Net income (loss) (subtract line 8h from line 8c)	8i			13062				
i	Transfers to (from) the plan (see instructions)	Ωi							

Part IV	Plan	Charact	eristics

SIGN HERE

Signature of employer/plan sponsor

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

D	11 (11)	e pian provides weirare benefits, enter the applicable weirare featu	ne codes nom the t	list of Flati Cilara	Clens	iic Cot	Jes III t	ile ilistructio	115.	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:				Yes	No	Δ	mount	
а	a 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)						X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		•	10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
е										
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 y	year end.)		10q	X			69	9013
h	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29) CFR	10h		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the re- eptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i		X			
Part '	VI	Pension Funding Compliance								
		is a defined benefit plan subject to minimum funding requirements'							Yes X	No
12	ls t	nis a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes X	No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
	grai	waiver of the minimum funding standard for a prior year is being an ting the waiver		Mont					e letter ruling /ear	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Г	40h			
		er the minimum required contribution for this plan year				T	12b			
		er the amount contributed by the employer to the plan for this plan y	-				12c			
	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)							1 ., F	1 🗆 .	
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							No I	N/A	
Part '		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		r			Yes X	No
		es," enter the amount of any plan assets that reverted to the emplo					13a			
	of t	e all the plan assets distributed to participants or beneficiaries, transe PBGC?							Yes X	No
С		uring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to			1	
1:	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)			13c(3) PN	N(s)
Cauti	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. 10/01/2010 DAVID SNYDER									
HERI					dividual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be fired under seathon 104 and 4065 of the Employee Retirement form Formation Recent are the Code). This form is required to be fired under seathon 104 and 4065 of the Employee Retirement form Formation For calendar plan year 2009 or recent plan year globe and code in accordance with the Instructions to the Form \$500.85. Philipped of the Property Plan For dender plan year 2009 or recent plan year Regionning For calendar plan year 2009 or recent plan year regionning For calendar plan year 2009 or recent plan year regionning For calendar plan year 2009 or recent plan year regionning For calendar plan year 2009 or recent plan year regionning For dender plan year 2009 or recent plan year regionning For dender plan year 2009 or recent plan year regionning Formation For dender plan year 2009 or recent plan year regionning Formation For dender plan year 2009 or recent plan year regionning Formation Fo		SEP. 30. 2010_ 9:29	AMNILES LANKFORD	GROUP		N	IO 0937F	· · · · · · · · · · · · · · · · · · ·				
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G Check box it filling under: Form 6399 automatic extension DFVC program DF	A	This return/report is for:	single-employer plan	មហាព្រង្គ្រែទ-ម	employer plan (not multiemployer)		one-particips	nt plan				
C Check box if filing under:	В.	This return/report is for.	first return/report	final retu	n/report							
Special states on (carter description)			an amended return/report	short plan	n year return/report (less than 12 mo	ntins)						
Pairt	C	Check box if filing under:	Form 5556	automatic extension DFVC program								
1a Name of plan Rebrook & Associates, Tro. Employee 401(k) Retirement Plan 2ft Fits sensor's name and address (exployer, if for single-employer plan) 2ft Fits sensor's name and address (if same as Plan sponsor, enter "Same") 2ft Fits sensor's name and address (if same as Plan sponsor, enter "Same") 2gt Fits sensor's name and address (if same as Plan sponsor, enter "Same") 3a Plan addrinatistator's name and address (if same as Plan sponsor, enter "Same") 4 if the name and/or ElN of the plan sponsor had changed since the last restum/report filed for this plan, enter than grame, ElN, and the plan number from the last restum/report. Sponsor's name 4 if the name and/or ElN of the plan sponsor had changed since the last restum/report filed for this plan, enter than grame, ElN, and the plan number of participants at the beginning of the plan year. 5a Total number of participants at the beginning of the plan year. 5a Total number of participants at the beginning of the plan year. 5a Were all of the plant sessels during the plan year invested in elligible assels? (See instructions) 5b Are you claiming a walver of the ainstel examination and report of an independent qualified public accountant (CIPA) writer 20 CPR 201. Uni-467 (See instructions on walver alightly and coordinates) Fits 2418 Financial information 7 plan Assets and Liabilities 7 plan Assets and Liabilities 7 plan facts and Liabilities 8 to Not plan isseed (subject the 75 from the 7a). 7 plan facts and Liabilities 8 continuous received or receivable from: 8 again 9 continuous received are receivable from: 1 (e) Employees 8 continuous received are receivable from: 1 (e) Employees 9 continuous received are receivable from: 1 (e) Employees 1 (a) Other segments, and Transfers for this Plan year 1 (a) Other segments, and Transfers for this Plan year 1 (a) Other segments, and Transfers for this Plan year 1 (a) Other			special extension (enter descripti	on)								
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Retirement Plan Colimbro determination Co			es. Inc. Employee 401:	tes								
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Were all of the plan's assets during the plan year Invested in aligible assets? (See instructions.) Yes No No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No No Myou enswored "No" to either Se or 6b, the plan cannot use Form SSBO. Fart #III Financial Information Financial Information Yes No Plan Assets and Liabilities (e) Beginning of Year (b) End of Year Total plan assets and Liabilities 7b Yes No Yes Total plan assets (subtract line 7b from line 7a) 7c 106, 893 119, 955 Note plan assets (subtract line 7b from line 7a) 7c 106, 893 119, 955 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (b) Total (c) Participants Received or receivable from: (1) Employers Received or receivable from: (2) Participants Received Receiv	¢	Total number of participants wi	year (defined benefit plans do not	_	<u> </u>							
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CPR 2520.104-457 (See instructions on waiver eligibility and conditions). If you answered "No" to cither 5s or 6b, the plan cannot use Form 5500. SF and must instead use Form 5500. Partitili Financial Information 7 Plan Assets and Liabilities (e) Beginning of Year 106, 893 119, 955 b Total plan assets. 7b 7c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). (3) Others (including rollovers). (4) Beginning of Year (5) Others (including direct rollovers end insurance premiums to provide benefits). (5) Certain deemed and/or corrective distributions (see instructions) 8 Administrative service providers (salaties, feee, commissions). 8 Administrative service providers (salaties, feee, commissions). 9 Administrative service providers (salaties, feee, commissions). 9 Administrative service providers (salaties, feee, commissions). 9 Other expenses. 13,062 17 Transfers to (from) the plan (see instructions). 9 An Net income (loss) (subtract line 8h from line 8o). 13,062 17 Transfers to (from) the plan (see instructions). 9 An Net income (loss) (subtract line 8h from line 8o). 13,062	Бэ)	X Yes No				
under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions). If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities		Are you claiming a waiver of the	re annual examination and report of	an indepa	ndent qualified public accountant ()C	PA)						
Pair III Financial Information 7 Plan Assets and Liabilities a Total plan assets		under 29 CFR 2520.104-45? (See instructions on waiver aligibility	and condit	ions.).,		**************************************	X Yes No				
7 Plan Assets and Liabilities 7 (a) Beginning of Year 7 (b) End of Year 7 (c) End plan assets. 7 (c) End plan Babilities. 7 (d) End plan Babilities. 7 (e) Ret plan Babilities. 7 (e) Ret plan Babilities. 7 (e) Ret plan Babilities. 7 (e) End plan Babilities. 8 (e) E	30 2	If you answered "No" to eith	er 6a or 6b, the plan cannot use F	om SSDD-	SF and must instead use Form 65	00.						
Total plan assets 7a 106, 893 119, 955 b Total plan liabilities 7b Total plan liabilities 7b Total plan assets (subtract line 7b from line 7a) 7c 106, 893 119, 955 b Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Yotal a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8b(2) (4) Others (including rollovers) 8b 13, 062 (5) Total income (gas) 13, 062 (6) Exceptise paid (including direct rollovers end insurance premiums to provide benefits) 8d 13, 062 (6) Exceptise paid (including direct rollovers end insurance premiums to provide benefits) 8d 13, 062 (7) Other sepenses 8d (including sealines (see instructions) 8d 14 Administrative service providers (salaries, fees, commissions) 8d 14 Administrative service providers (salaries, fees, commissions) 8d 15 Other expenses 8d (including direct fine 8h from line 8o) 9d 13, 062 (8) Intercome (loss) (subtract line 8h from line 8o) 9d 13, 062			RUUI	建一型的企业	(a) Sprinning of Vest	1	(s) Cad	né Valle				
b Total plan liabilities	_					3						
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: [1] Employers	b			Sand of Street, other								
Contributions received or receivable from: (1) Employers	<u>c</u> _	Not plan assets (subtract line 7	b from (īņe 7a)	7¢	106,89	3	119,95					
a Contributions received or receivable from: (1) Employers	-				(a) Amount		(b) Total					
b Other income (loss). C Total income (add lines 8a(1), 8e(2), 8a(3), and 8b). Benefits paid (including direct rollovers end insurance premiums to provide benefits). C Certain doemed and/or corrective distributions (see instructions). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end insurance premiums to provide benefits). Benefits paid (including direct rollovers end i	a			M * * * *								
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j Transfers to (from) the plan (see instructions)	ï					6 9		13.062				
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SEP. 30. 2010 9:30AM NILES LANKFORD GROUP

NO. 0937 P. 3

	Form 5500-SF 2009		*age 2-						
9a	Flan Characteristics If the plan provides pension benefits, enter the applicable pension for 2E 2J 3D	sature codes from th	e List of Plan Char	racterís	șție Co	des in	the instru	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare to	ature codes from the	List of Plan Char	acteris	tic Cod	ies in i	ihe instruc	tions:	
Par	Compliance Questions								
10	During the plan year:		**************************************		Yea	No		Amount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)					х			······································
ь	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10s.)								
C	Was the plan covered by a fidelity bond?	8/T-8/41484878318481787417874	44 Sapp-påq tibbspþij byggg	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's five dishonesty?	delity bond, that was	caused by fraud	104		X		<u> </u>	
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	r persons by an insu	rance camier, le plan? (See	10e		х			
f	Has the plan falled to provide any benefit when due under the plan			10f		×			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear end.)		10g	Х				69,013
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	e instructions and	29 CFR	1011	<u> </u>	X.	The second of th	r Jangspijg Mark Brais Fig. semen	The state
ĩ	If 10h was enswered "Yes," check the box if you either provided the	reguland natice or a	ne of the				elector and by many many for the second	Andrew Harris	
Bellinde en	exceptions to providing the notice applied under 29 CFR 2520 101-	3	**************************************	101		X.			and a registration Supply and the
	Mi Pension Funding Compliance	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	-					
11	Is this a defined benefit plan subject to minimum funding requirement 5500)).	*****	144kregarrarrarrarrarrar		* *******	1 P T E T T T T T T T T	***************************************		s 🗓 No
12	Is this a defined contribution plan subject to the minimum funding re		n 412 of the Code	or se	ction 3	02 of E	ERISA?	Ye	s 🔀 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule	amortized in this pla		th	and e	nter th Day	e date of t	he letter r Year	uling
	Enter the minimum required contribution for this plan year		•		Г	12b			
G	Enter the amount contributed by the employer to the plan for this plan				-	1 2 c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the	re result (enter a min	us sign to the left	of a		120	CO III		
e	Will the minimum funding amount reported on line 12d be met by the						Yes	ΠNο	□ N/A
	Plan Terminations and Transfers of Assets							J. I	1
,	Has a resolution to terminate the plan been adopted during the plan	VAST AT ARV MITEL YES	:-9					[] v.	X No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a		150	ky 140
þ	Were all the plan assets distributed to participants or beneficieries, b	ransferred to anothe	r plan, or brought t	under	ke co				,
	of the PBGC?		PTPN147444444444444	*****		4117		Yes	X No
	which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·				444		т	
TOWN IT THE HE CA BREATING				 	130	(2) EIN	v(φ)	130(3) PN(s)
				[
	day A popular for the late of the late							<u> </u>	
Unda	on: A penalty for the late or incomplete filling of this return/report penalties of perjury and other penalties set forth in the instructions,	Will De essessed	uniess reasonabi	9 CSTI:	se is e	atable	shed.		
4312 AI	Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	as the electronic van	examined this return/r	report,	end ic	the b	, if applica est of my i	ible, a Sci (nowledge	and
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Sign			Enter name of in		ar aidti	ing as	hieu zötti	manator	
BER)	Signature of employer/plan aponsor	Defe			_+ _+ .				
Olivination of		Date	Enter name of in	alviati	a sign	ıng as	<u>≉mployer</u>	of þlan sp	จกรอเ