	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089						
	Internel Porenue Service			Plan	2009						
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	d under sections 104 and 4065 of the Employee ct of 1974 (ERISA), and section 6058(a) of the evenue Code (the Code).			This Form is Open to Public					
P	ension Benefit Guaranty Corporation	00-SF.									
	Period Defent Guaranty Collocation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
	calendar plan year 2009 or fisca	al plan year beginning 01/01/200			2/31/2						
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan					
В -	This return/report is for:	first return/report	final retur	•							
-		an amended return/report		year return/report (less than 12 mc	nths)						
C	Check box if filing under:	Form 5558		extension		DFVC program					
Da	ut II Desis Dien Inform	special extension (enter description									
	Int II Basic Plan Inform	nation—enter all requested inform	ation		1h	Three-digit					
	ANKS & MARSHALL, P.S.C. 40	1(K) PROFIT SHARING PLAN				plan number					
						(PN) ▶ 002					
					1c	Effective date of plan 01/01/2005					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-0974258					
	VEST MARKET STREET				2c	Plan sponsor's telephone number 502-585-5325					
	SVILLE, KY 40202				2d	Business code (see instructions) 621111					
	Plan administrator's name and ANKS & MARSHALL, P.S.C.	address (if same as Plan sponsor, e 136 WEST M			3b	Administrator's EIN 61-0974258					
	,,,	LOUISVILLE			3c	Administrator's telephone number 502-585-5325					
		n sponsor has changed since the la		port filed for this plan, enter the	4b EIN						
name, EIN, and the plan number from the last return/report. Sponsor's name					4c	PN					
5a	Total number of participants at	the beginning of the plan year			_	15					
b	Total number of participants at	the end of the plan year		5b	15						
С		th account balances as of the end of		· ·	5c	12					
6a	• • •	uring the plan year invested in eligib			X Yes No						
b		e annual examination and report of									
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				X 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	23183	2	383273					
b	Total plan liabilities		. 7b								
C	Net plan assets (subtract line 7	b from line 7a)	. 7c	23183	2	383273					
8	Income, Expenses, and Transf			(a) Amount		(b) Total					
а	(1) Employers	vable from:	. 8a(1)	3369	7						
			. 8a(2)	6180	6						
	(3) Others (including rollovers)										
b	Other income (loss)		. 8b	5593	8						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			151441					
d	Benefits paid (including direct r to provide benefits)	. 8d									
e Certain deemed and/or corrective distributions (see instructions)											
f Administrative service providers (salaries, fees, commissions)			. 8f								
g	Other expenses										
h	Total expenses (add lines 8d, 8	otal expenses (add lines 8d, 8e, 8f, and 8g)				0					
i		8h from line 8c)				151441					
j	Transfers 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 2F 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions										
10	During the plan year:		Yes	No		Ame	ount				
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)										
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С	Was the plan covered by a fidelity bond?	10c		Х							
d											
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		Х							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х							
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									
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	. [Yes	× No			
lf y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	ctions, th of a	and e	nter th	e date of	the le					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A			
Part							L				
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year										
	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
1	3c(1) Name of plan(s):	130	13c(2) EIN(s) 13c(3)			13c(3)	PN(s)				
Court	ion. A nonative for the late or incomplete filing of this return/const will be accessed unloss reasonable			t . k l	a had						

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.	10/04/2010	LESLIE O'BRYAN				
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				

	·			nort of Small Employ	ee		DMB Nos. 1210- 1210-	0110			
·	Form 5500-SF Short Form Annual Return/Report of Small Employee Department of the Treasury Internal Revenue Service Benefit Plan Department of Labor Employee Bandits Sport Administration This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).						2009				
							This Form is Open to Public Inspection				
	Pension Benefit Guaranty Corporation	Complete all entries in accorda	nce with t	e instructions to the Form 5500-	SF.						
[Part I Annual Report I For calendar plan year 2009 or fis	dentification Information	/01/200	9 and ending		12/31/200					
-		Single-employer (dan n	nultiple-emp	bioyer plan (not multiemployer)		one-participa	int plan				
	A This return/report is for: B This return/report is for:										
		ths)	ns)								
	C Check box if filing under:			3141							
		rmation enter all requested informat	ion		1b	Three-digit	<u> </u>				
	1a Name of plan Eubanks & Marshall	l, P.S.C. 401(k) Profit	Sharing	J		plan number (PN)	002				
	Plan	· .			1c	Effective date (
		í				01/01/200	5				
	2a Plan sponsor's name and address (employer, if for single-employer plan) Eucanks & Marshall, P.S.C.						ification Numb 74258	Jer 			
							telephone nu	mber			
	136 West Market S	treet			2d	(502) 585-5325 2d Business code (see Instructions					
	KY 40202						621111 3b Administrator's EIN				
	3a Plan administrator's name at	nd address (if same as Plan sponsor, en	iter "Same")							
							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. Sponsor's name						4b EIN				
							4c PN				
					15						
	5a Total number of participants	5b			15						
	 b Total number of participants c Total number of participants 				12						
	· · · · · · · · · · · · · · · · · · ·	50		X Yes							
) PA)		<u>ଲ</u> ୍ଲ							
	b Are you claiming a waiver of			X Yes	∐ No						
1	If you answered "No" to a	500.	<u> </u>								
	Part III Financial Info	mation		(a) Beginning of Year		(b) E	nd of Year				
	7 Plan Assets and Liabilities			231,8	32		38	3,273			
	a Total plan assets		76								
	 b Total plan liabilities c Net plan assets (subtract li 	ne 7b from line 7a)	70	231,8	32			3,273			
	8 Income, Expenses, and Tr	ansfers for this Plan ` ear		(a) Amount	·	(t	a) Total				
	Contributions received or receivable from: (1) Employers		. 8a(1)	33,6	97		,				
	(1) Employers	. 8a(2)	61,8	06							
	(2) Others (including rollo)	vers)	8a(3)								
	b Other income (loss)	(loss)			38		1 !	51,441			
	c. Total income (add lines 8a	(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>	· · · · · · · · · · · · · · · · · · ·	+	••••••••••••••••••••••••••••••••••••••					
	d Benefits paid (Including dir	Benefits paid (Including direct rollovers and Inst rance premiums to provide benefits)					;				
	e Certain deemed and/or co	rrective distributions (see instructions)	. 80		_						
	f Administrative service prov Administrative service prov	viders (salaries, fees, commissions)									
								0			
	h Total expenses (add lines	8d, 8e, 8f, and 8g)	. 8h . 81				1	51,441			
	i Net income (loss) (subtrac	t line 8h from line 8c; n (see instructions)	81	· ····································	-1						
	J regulaters to (non) are pla	e and OMB Control Numbers, see the instructi	ons for Form	6600-SF.			Form 5500	SF (2009) v.082308.1			

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Form 5500-SF 2009 Page 2-		<u> </u>			. <u> </u>
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics	ictoris	tic Co	ies in tr	e instructio	ins:
9a If the plan provides pension benefits, enter the application pension reduct courses				. in the latio	
2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Coc	les in th	e instrucijo	
Part V Compliance Questions		Yes	No	A	mount
10 During the plan year:					
 During the plan year: a 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) 	<u>10a</u>		x		
 29 CFR 2510.3-1027 (See instructions and DOL'S volumely include transactions reported b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 	10b		X		
the design of the state of the	100		X		
	10d	<u> </u>	x		
does not the second se		<u> </u>			
 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.) 	100		x		
- I want the second state and the property when such under the plan?	101		X		
 g Did the plan have any participant loans? (If "Yes " enter amount as of year end.)	10g		x		
to use the state of the second state was there a blackout period? (See instructions and 29 CFR					
			×X.		
 i (f 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 	101	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con					Yes X M
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Contribution 	le or s	ection	302 of	ERISA?	Yes 🛛 M
					se letter milina
a If a waiver of the minimum funding standard for a prior year is being amonized in this plan year, see man		s, ano	Day		Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule Mb (Form Sous), and any to this to			12b	,	
b Enter the minimum required contribution for this plan year			12c		
a stand to a stand the second over to the plan for this plan year.				<u> </u>	
 C Enter the amount commons by the on provide a new pair to the pair the result (enter a minus sign to the le negative amount) 	N VI Ø		12d		
e Will the minimum funding amount reported on live 12d be met by the funding deadline?				Yes	No N/
Part VII Plan Terminations and Transfers of Assets					Yes XI
13a Has a resolution to terminate the plan been ado sted during the plan year or any prior year?			13a	1	
if "Yes," enter the amount of any plan assets that reverted to the employer this year	ut und	er the	control	-l	១១.
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?					Yes 🛛
 If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) 					13c(3) PN(
13c(1) Name of plan(s):			13c(2) E		100(3)110
Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reason	able (ause	is <u>estai</u>	lished.	
Caution: A penalty for the late or incomplete filing of this recurringfor will be accurately and the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this of SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returned.	eturni m/rep	report ort, ar	, includi Id to the	ng, if applic best of my	able, a Scheduk knowledge and
SB or Schedule MB completed and signed by an onlying datality at the set of t					

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ſ		Samuel En Panlo	q	1/3	0	110	Samuel Eubanks
	sign Herë	Jamming Carl - Berline K.	D	ate	ļ		Enter name of individual signing as plan administrator
	HERG	Signature of plan administrator		IT.		110	Samuel Eubanks
	SIGN	Sanauch Entantin		-10	44		Enter name of individual signing as employer or plan sponsor
		Signature of employer/plan sponsor	D	ate			Enter name of individual signing as employed a plan opening