Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	09	and ending 1	2/31/2	2009				
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
	This return/report is for:									
		an amended return/report	short plar	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
	3 · · ·	special extension (enter description	ion)		_					
Da	rt II Basic Plan Infor	mation—enter all requested inform								
		mation—enter all requested inform	nation		1h	Three-digit				
	Name of plan	RS & GARDNER, PLLC 401(K) PRO	FIT SHARIN	NG PLAN	טו	plan number				
	CT WATE OF THE THE CELETIF	to a Gritchiert, i Leo 40 i(it) i ito	i ii Oi // ii (ii	1012/11		(PN) • 001				
					1c	Effective date of plan				
						01/01/2003				
	•	ress (employer, if for single-employe	r plan)		2b	Employer Identification Number				
HENI	RY, WATZ, GARDNER, SELLA	ARS AND GARDNER, PLLC				(EIN) 61-1328819				
404.1	AVEOT MAIN OTREET, OUTE	044			2c	Plan sponsor's telephone number 859-253-1320				
	VEST MAIN STREET, SUITE (NGTON, KY 40507	314			2d	Business code (see instructions)				
						541110				
3a	Plan administrator's name and	d address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN				
HENI PLLC		ARS AND GARDNER, 401 WEST LEXINGTO				61-1328819				
1 LLC	,	LEXINGTO	V, IXT 4030	•	3c	Administrator's telephone number 859-253-1320				
1 1	f the name and/or FIN of the n	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4b EIN					
		er from the last return/report. Spons		port med for this plant, effect the	4 D EII1					
					4c	PN				
5a	5a Total number of participants at the beginning of the plan year					17				
b	Total number of participants a	at the end of the plan year			5b	18				
С	Total number of participants v	with account balances as of the end	of the plan y	vear (defined benefit plans do not						
					5c	18				
6a	Were all of the plan's assets	during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No				
b				ndent qualified public accountant (IQI		X Yes ☐ No				
				ions.)		X Yes No				
Pa	rt III Financial Inform		-01111 3300-	SF and must instead use Form 55	υυ.					
7				(a) Baninninn of Year		(b) Find of Voca				
-	Plan Assets and Liabilities			(a) Beginning of Year	+	(b) End of Year 1969513				
	Total plan assets		<u>7a</u>							
b	•	71. (4574044		0				
<u>c</u>		7b from line 7a)	7с	1574344	-	1969513				
8	Income, Expenses, and Trans			(a) Amount		(b) Total				
а	Contributions received or received (1) Employers	eivadie from: 	8a(1)	13684						
	• • • •		- ' '	82051						
		s)		02001						
b	.,		` '	329583						
	, ,			329300	,	425318				
c d		, 8a(2), 8a(3), and 8b) rollovers and insurance premiums	60			423310				
u	, ,	Tollovers and insurance premiums	8d	26042	2					
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e							
f	Administrative service provide	ers (salaries, fees, commissions)	8f							
g	Other expenses		8g	4107	7					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				30149				
i		ne 8h from line 8c)				395169				
j		see instructions)								

B 4 11/	-	~ !	
Part IV	Plan	Charact	teristics

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

	0	plant provided monaice solution, district approvable monaice realist			0.0					
art	٧	Compliance Questions								
0	Duri	ng 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)						X			
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?								5000	00
d										
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of the uctions.)	e benefits under the	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g	X			3300	00
h		s is an individual account plan, was there a blackout period? (See			10h		X			
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI	Pension Funding Compliance			•					_
11	Is thi	s a defined benefit plan subject to minimum funding requirements'							Yes X N	10
2		is a defined contribution plan subject to the minimum funding requ							Yes X N	Ю
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а		vaiver of the minimum funding standard for a prior year is being an								
lf v		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB			h		Day		Year	
		r the minimum required contribution for this plan year				Γ	12b			_
		r the amount contributed by the employer to the plan for this plan					12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left o	of a		12d			
е	-	he minimum funding amount reported on line 12d be met by the fu						Yes	No N/A	4
art		Plan Terminations and Transfers of Assets						<u> </u>		
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes X N	10
		es," enter the amount of any plan assets that reverted to the emplo				Г	13a			
b		e all the plan assets distributed to participants or beneficiaries, trar					ontrol	ı		
	of th	PBGC?							Yes X	lo
С		ring 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	e plai	n(s) to)			
1	13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3) PN(s	.)
										—
Cauti	on: A	penalty for the late or incomplete filing of this return/report v	will be assessed ι	unless reasonabl	e cau	se is	establ	ished.		
SB o	Sche	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
	Fil	<u> </u>	10/15/2010	EDWARD HENRY	<u> </u>					
SIGI	1	1	10.10.20.0							

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	EDWARD HENRY
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

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Cornoration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 · 1210-0089

2009

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		dance wit	h the instructions to the Form 550	J-51.					
	art I Annual Report Identification Information	1/01/2	2009 and ending		12/31/200	19			
	V single completes the								
	This return report is for.		one-participa	in piwis					
В	This return/report is for: first return/report	final retu	n year return/report (less than 12 mo	othe)					
_	· H	иној	☐ DFVC progra	m					
C			c extension		[] by vo progra	1861			
_	special extension (enter description								
	nrt II Basic Plan Information—enter all requested information	anon		4h	Three-digit				
1a Name of plan HENRY WATZ GARDNER & SELLARS, PLLC 401(k) PROFIT					plan number				
	SHARING PLAN				(PN) ▶	001			
				10	1c Effective date of plan 01/01/2003				
2a	Plan sponsor's name and address (employer, if for single-employer HENRY WATZ GARDNER & SELLARS, PLLC	plan)		2b	2b Employer Identification Number (EIN) 94-3458123				
	miniti mila dimenina a dilimine, lala			2c		elephone number			
	401 WEST MAIN STREET, SUITE 314				(859) 253-1				
	LEXINGTON		KY 405 0 7	2d	Business code (541110	see instructions)			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam		3b	Administrator's 6	EIN			
				3c	Administrator's t	elephone number			
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	eport filed for this plan, enter the	4b	4b EIN 61-1328819				
name, EIN, and the plan number from the last return/report. Sponsor's name HENRY, WATZ, GARDNER, SELLARS AND G					4c PN				
5a Total number of participants at the beginning of the plan year						17			
	b Total number of participants at the end of the plan year					18			
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).						18			
62	Were all of the plan's assets during the plan year invested in eligib		• •			X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IC	PA)		☐ Yes ∏ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lifyou answered "No" to either 6a or 6b, the plan cannot use Fo				***************************************	N tes ∏ No			
Pa	rt III Financial Information	01111 9300	ar and must mateau use i omi so						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
•	Total plan assets	7a	1,574,34	4		1,969,513			
	Total plan liabilities			0		0			
	Net plan assets (subtract line 7b from line 7a)		1,574,34	4		1,969,513			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		13,68	A					
	(1) Employers	8a(1)	82,05	; ·					
	(2) Participants	8a(2)	82,03	1					
г.	(3) Others (including rollovers)	8a(3)	329,58	7					
	Other income (loss)	8b	329,30	1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	425,318			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+					
to provide benefits)			26,04	2					
е	Certain deemed and/or corrective distributions (see instructions)	8e		4					
f	Administrative service providers (salaries, fees, commissions)	8f		_					
g	Other expenses	8g	4,10	4	· · · · · · · · · · · · · · · · · · ·	20 140			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				30,149 395,169			
į	Net income (loss) (subtract line 8h from line 8c)	8i	Aug.	+		393,109			
		l o:							

	Form 5500-SF 2009 Page 2-		_				
Par	IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac $\frac{2A}{2E}$ $\frac{2G}{2F}$ $\frac{2J}{2E}$ $\frac{2B}{2E}$ $\frac{2B}{2E}$ $\frac{2B}{2E}$	cleris	tic Co	des in	the instruct	lions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	terist	ic Cod	les in	the instructi	ions:	
Par	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			N2 17
С	Was the plan covered by a fidelity bond?	1Òc	х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	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	10e		Х			
f	The state of the s	10f		Х			
g	The state of the s	10g	х			***************************************	33,000
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h	^	Х	: .	• • •	33,000
ì	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i				-	
Part					l	*****	
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compi 5500))					☐ Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					Yes	No.
а	(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 instructi granting the waiver	ions,	and e	nter th Dav	e date of th	ie fetter ru Year	aling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	Enter the minimum required contribution for this plan year		L	12b			
c	Enter the amount contributed by the employer to the plan for this plan year		L	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	fa		12d			
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******			Yes	No	N/A
Part	/II Plan Terminations and Transfers of Assets						
13a	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			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?					Yes	No No
С	if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan	(s) to				
1	sc(1) Name of plan(s):		130	(2) El	N(s)	13c(3) PN(s)

Cant	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	Call	se ls «	estahli	ished		· · · · · · · · · · · · · · · · · · ·
Unde SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, correct, and complete.	n/rep	ort, inc	cluding	, if applicat	ole, a Sch nowledge	edule and

SIGN ,

SIGN HERE

Signature of employer/plan sponsor

EDWARD HENRY

EDWARD HENRY

Enler name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor