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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•			
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	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			
В	This return/report is for:								
		an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program			
	-	special extension (enter description	on)			_			
Pa	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	one an requested intern	idilori		1b	Three-digit			
	MER AND O'BRIEN LLP RETI	REMENT PLAN				plan number			
						(PN) • 001			
					1c	Effective date of plan 01/01/2004			
22	Dian ananar'a nama and add	read (ampleyer if for single ampleyer	r nlon\		2h				
	Pian sponsor's name and addi MER AND OBRIEN LLP	ress (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 45-0529111			
					2c	Plan sponsor's telephone number			
	IORTH BROADWAY					859-254-9351			
LEXI	NGTON, KY 40507				2d	Business code (see instructions)			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	۳۱)	3h	541110 Administrator's EIN			
	MER AND OBRIEN LLP	141 NORTH	BROADW	AY		45-0529111			
		LEXINGTON	N, KY 4050	7	3с	Administrator's telephone number			
4 .	the reserve and/on FINI of the rel			and the description of the second of the sec	41-	859-254-9351			
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
	., , , ,				4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	8			
b	Total number of participants a	t the end of the plan year			5b	7			
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					_			
	•				5c	7			
		during the plan year invested in eligib				Yes No			
D		he annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No			
		ner 6a or 6b, the plan cannot use F							
Pa	rt III Financial Inform	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	315241	I	300753			
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line	7b from line 7a)	. 7с	315241		300753			
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received								
	• • • • • • • • • • • • • • • • • • • •		- ` '		<u>_</u>				
					<u>_</u>				
	` ` ` ` `	5)	` '						
b	` ,			4655	5				
C		8a(2), 8a(3), and 8b)	. 8c			4655			
d	1 \	rollovers and insurance premiums	8d	16042	2				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	8f	3101					
g	Other expenses		8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				19143			
i		e 8h from line 8c)				-14488			
i		ee instructions)							

Part IV	Plan	Charac	teristics

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 3D

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of	r Plan Character	ISTIC CO	oaes in	tne instruct	ions:		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Amo	unt	
а		is there a failure to transmit to the plan any participant contributions within the time period do CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		a	X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions line 10a.)		0	X				
С	Wa	as the plan covered by a fidelity bond?	3	X					
d		I the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused dishonesty?		d	X				
е	insu	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance of urance service or other organization that provides some or all of the benefits under the plantructions.)	? (See	9	Х				
f	Has	s the plan failed to provide any benefit when due under the plan?	10	f	X				
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	3	X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	₹		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3		i	X				
art	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructio						Yes	X No
2		this a defined contribution plan subject to the minimum funding requirements of section 412					Ī	Yes	X No
а	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year nting the waiver.							
lf y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13.	ī					
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
	neg	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus signative amount)		-	12d				7
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	Ю	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	of th	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, he PBGC?						Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(sich assets or liabilities were transferred. (See instructions.)	s), identify the p	an(s) t	0				
1	13c(1) Name of plan(s):					IN(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless	s reasonable ca	ause is	estab	lished.			
Inde B o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examinedule MB completed and signed by an enrolled actuary, as well as the electronic version of strue, correct, and complete.	ined this return/r	eport, i	ncludin	g, if applica	,		
SIGI			IAM GARMER						

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	WILLIAM GARMER
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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation	e instruc	tions to the	he Fo	rm 5500-SF.	to Public	Inspection		
Part I Annual Report Identification Information								
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	а	nd en	ding 1	2/31/20	09		
A This return/report is for: X single-employer plan multiple-e	mployer p	lan (not m	ultierr	ployer)	one-participa	nt plan		
B This return/report is for: first return/report final return	n/report							
an amended return/report short plan	year retu	rn/report (less t	nan 12 month	s)			
C Check box if filling under: X Form 5558 automatic	extension	า			DFVC progra	m		
special extension (enter description)								
Part II Basic Plan Information - enter all requested information								
1a Name of plan				Three-digit				
GARMER AND O'BRIEN LLP RETIREMENT PLAN				plan number (PN) 🕨	001		
			1c	Effective date	of plan			
				01/0	1/2004			
2a Plan sponsor's name and address (employer, if for single-employer plan)			2b	100 630 1000 100	ntification Num	ber (EIN)		
GARMER AND O'BRIEN LLP				45-0	529111			
			20		s telephone nu			
141 NORTH BROADWAY				859-	254-935	1		
7 DV717 GMO17			2d		e (see instructi	ons)		
LEXINGTON KY 40507				5411	10			
3a Plan administrator's name and address (If same as Plan sponsor, enter "San	ne")		3b	Administrator ^a	's EIN			
SAME								
			3c Administrator's telephone number					

4 If the name and/or EIN of the plan sponsor has changed since the last return/r			4b	EIN				
plan, enter the name, EIN, and the plan number from the last return/report.	Sponsor's	s name	4c PN					
			4C	PN				
En Tatalanda d'anticipat de la constitución de la c		~~~~~~~~~~~			8			
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year			5a		7			
c Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the plan			5b					
Total number of participants with account balances as of the end of the plan		1	5c		7			
benefit plans do not complete this item)			30		XY	es No		
 Were all of the plan's assets during the plan year invested in eligible assets? Are you claiming a waiver of the annual examination and report of an independent of the plan in the plan in the plan is a set of the annual examination. 			 io non			82 11/0		
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X	'es ∏No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-					<u>M</u> 1	es 🗌 No		
Part III Financial Information	or and m	ust mstee	au use	e FOIIII 5500.				
7 Plan Assets and Liabilities		(a) Be	ainnir	g of Year	(b) End	of Year		
a Total plan assets	7a	Without the Control of Personal Section 1999		315241		300753		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	. 7c			315241		300753		
8 Income, Expenses, and Transfers for this Plan Year		(6	a) Am		(b) Total			
a Contributions received or receivable from:								
(1) Employers	8a(1)							
(2) Participants	8a(2)		energenene nergene	TOTAL TOTAL SECTION AND AND AND AND AND AND AND AND AND AN				
(3) Others (including rollovers)	8a(3)		THE PERSON NAMED IN	***************************************				
b Other income (loss) SEE STATEMENT 1	8b		******	4655				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					4655		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	The state of the s		16042	STATEM	ENT 2		
e Certain deemed and/or corrective distributions (see instructions)	Santament resource	PROTECULAR OF CHILDREN AND CHILDREN AND CHILD	-	***************************************				
f Administrative service providers (salaries, fees, commissions)	8f			3101	STATEM	ENT 3		
g Other expenses	89	THE PERSON NAMED IN COLUMN TWO IN		***************************************				
h Total expenses (add lines 8d, 8e, 8f, and 8g)						19143		
i Net income (loss) (subtract line 8h from line 8c)						-14488		
j Transfers to (from) the plan (see instructions)	8j				7 4. 14.01.000			

	Form 5500-SF (2009)			Page	2-				
Part	IV Plan Characteristics								
-				. 5.					
2E	f the plan provides pension benefits, enter the applic $2F\ 2G\ 3D$								
b	f the plan provides welfare benefits, enter the applica-	able welfare feature	codes from the List of	Plan Cl	naracte	eristic (Codes in	the instru	ctions:
Part	V Compliance Questions								
	During the plan year:				Yes	No		Amount	1
	Vas there a failure to transmit to the plan any participant col	ntributions within the t	ime period described	-			***************************************		
	29 CFR 2510.3-102? (See instructions and DOL's Vol			10a		Х			
	Vere there any nonexempt transactions with any par				***************************************				
				10b		Х			
	Vas the plan covered by a fidelity bond?			10c		Х			
	Did the plan have a loss, whether or not reimbursed b								
	vas caused by fraud or dishonesty?	150 A 5		10d		X			
	Were any fees or commissions paid to any brokers, a								
	carrier, insurance service or other organization that p								
1	he plan? (See instructions.)			10e		X			
	las the plan failed to provide any benefit when due u			10f	-	X			
	Did the plan have any participant loans? (If "Yes," en		ar end.)	109		X			
	this is an individual account plan, was there a black		Management and the second of the second						
	and 29 CFR 2520.101-3.)			10h		X			
	10h was answered "Yes," check the box if you either								
	of the exceptions to providing the notice applied und			10i		X			
Part									
11 1	s this a defined benefit plan subject to minimum fund	ding requirements?	(If "Yes," see instruction	ns and	comp	ete			
	Schedule SB (Form 5500))							Yes	X No
12	s this a defined contribution plan subject to the minir	mum funding require	ements of section 412 of	of the C	ode o	7			
	section 302 of ERISA? (If "Yes," complete 12a or 12b	o, 12c, 12d, and 12e	below, as applicable.)					Yes	X No
	f a waiver of the minimum funding standard for a price					ns, an	d enter ti	he date of	the letter
	ruling granting the waiver.		Month		Day	<i></i>		Year	
	ou completed line 12a, complete lines 3, 9, and 10								
b	Enter the minimum required contribution for this plan	year				12b			
C	Enter the amount contributed by the employer to the	plan for this plan ye	ear			12c			
d s	Subtract the amount in line 12c from the amount in lin	ne 12b. Enter the re	sult (enter a minus sign	to					
t	he left of a negative amount)				1000	12d			-,
e \	Vill the minimum funding amount reported on line 12	d be met by the fun	ding deadline?			Y	es	No	N/A
Part								-	
13a I	las a resolution to terminate the plan been adopted	during the plan year	or any prior year?					X Yes	No
1	"Yes," enter the amount of any plan assets that rev	erted to the employ	er this year			13a			0
b V	Vere all the plan assets distributed to participants or	beneficiaries, trans	ferred to another plan,	or brou	ght				
	nder the control of the PBGC?							Yes	X No
CI	during this plan year, any assets or liabilities were to	ransferred from this	plan to another plan(s)	, identi	fy the	olan(s)	to which	assets or	·
	abilities were transferred. (See instructions.)		-						
13	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN(s				
			опропинен						
,		······································							
			ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION ACT				Annual Property		
Cauti	on: A penalty for the late or incomplete filing of th	ic ratura/rapart wi	ll be accorded uplace		able e	suss i	is astabl	lichad	
	nalties of perjury and other penalties set forth in the instructions, I dec								ed and
signed by	an enrolled actuary, as well as the electronic version of this return/rep	port, and to the best of my	knowledge and belief, it is true	c, correct,	and con	nplete.	Gunedule	Will Complete	ed and
SIGN	4/12	10/11/1							
HERE		10/15/10							
	Signature of plan administrator	Date	Enter name of individ	ual sini	מחות מפות	plan a	administr	rator	

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

Date

SIGN HERE