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

Pa	art I 📗 Annual Report Ide	entification Information				
For	calendar plan year 2009 or fiscal		009	and ending 0	9/30/2	2010
Α -	Γhis return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В -	This return/report is for:	first return/report	final retu	n/report		_
	Ī	an amended return/report	short plar	n year return/report (less than 12 mo	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descript	_			
Pa	rt II Basic Plan Inform	ation—enter all requested inform	,			
	Name of plan	ation—enter all requested illion	mation		1b	Three-digit
	GLAS M. NEUMAN, PSC PROFI	T SHARING PLAN				plan number
						(PN) • 002
					1c	Effective date of plan 10/01/1978
2a	Plan sponsor's name and addres	ss (employer, if for single-employe	er plan)		2b	Employer Identification Number
DOU	GLAS M. NEUMAN, PSC					(EIN) 61-0904982
5.40 F	A OT MAIN OTDEET				2c	Plan sponsor's telephone number 859-252-7726
	EAST MAIN STREET NGTON, KY 40508				2d	Business code (see instructions)
						621210
		ddress (if same as Plan sponsor,		,	3b	Administrator's EIN
DOU	GLAS M. NEUMAN, PSC		MAIN STRE N, KY 4050		30	61-0904982 Administrator's telephone number
					30	859-252-7726
		sponsor has changed since the l		eport filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number t	from the last return/report. Spons	sor's name		4c	BN
5a	Total number of participants at the	he heginning of the plan year			5a	4
						4
	, ,	, ,		/ear (defined benefit plans do not	5b	
C					5c	4
6a	Were all of the plan's assets du	ring the plan year invested in eligi	ible assets?	(See instructions.)		X Yes No
b				ndent qualified public accountant (IQ		
	•			ions.)		Yes No
Pa	rt III Financial Informat		Form 5500-	SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
a			7a	1386023	3	1454384
	Total plan liabilities		7b			
		from line 7a)		1386023	3	1454384
8	Income, Expenses, and Transfer	•		(a) Amount		(b) Total
a	Contributions received or receiva			(a) i initialit		(2) 10131
	(1) Employers		8a(1)			
	(2) Participants		8a(2)			
	(3) Others (including rollovers)		8a(3)			
b	Other income (loss)		8b	6991	1	
С		a(2), 8a(3), and 8b)	8c			69911
d	Benefits paid (including direct ro to provide benefits)	llovers and insurance premiums	8d			
е	Certain deemed and/or corrective	re distributions (see instructions)	8e			
f	Administrative service providers	(salaries, fees, commissions)	8f	1550)	
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)				1550
i		8h from line 8c)				68361
i	Transfers to (from) the plan (see	e instructions)				
,						

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

SIGN HERE

Signature of employer/plan sponsor

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

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	ınt	
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)	n 10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				1	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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		X				
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		X				
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		Х				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection (302 of	ERISA?		Yes	X No
	(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 inst granting the waiver.	onth						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		г					
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		-	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							
3а	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 brough of the PBGC?	nt under	the co	ontrol			Yes	X No
С	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.)	the pla	n(s) to)		-		
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13	3c(3) F	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able cau	use is	establ	ished.		-	
B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retu f, it is true, correct, and complete.				<i>-</i> 11			
SIGI	Filed with authorized/valid electronic signature. 05/02/2011 DOUGLAS M.	NEUMA	N					
HER		individ	ual sig	ning as	s plan adr	ninistrat	or	

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

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Benefit Plan

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2009

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OMB Nos. 1210-0110

1210-0089

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

1000000						10 1 00110 11	ispection.
	Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 10/01/2009		a	nd er	nding C	9/30/201	0
Α	This return/report is for: X single-employer plan multiple-emp	ployer	plan (not m	ultien	nployer)	one-participant	plan
В	This return/report is for: first return/report final return/r	report					
_	an amended return/report short plan y	ear ret	turn/report ((less t	han 12 month	<u>is</u>)	
С	Check box if filing under: Form 5558 automatic e.	xtensi	on			DFVC program	
(fotograph)	special extension (enter description)				***		
	Basic Plan Information - enter all requested information						
	Name of plan			1b	Three-digit	(5.1)	
טט	UGLAS M. NEUMAN, PSC PROFIT SHARING PLAN	1			plan number	(PN) >	002
				1¢	Effective date		
	Per control of the co					01/1978	
2a >^	Plan sponsor's name and address (employer, if for single-employer plan)			2b		ntification Numbe	er (EIN)
טע	UGLAS M. NEUMAN, PSC					904982	11/2
E 1	O DAGE MATH GENERE			2c		's telephone num	ber
34	0 EAST MAIN STREET					-252-7726	
TE	VINCHON TO ACCO			2d		le (see instruction	ns)
	XINGTON KY 40508				6212	***************************************	- u
	Plan administrator's name and address (If same as Plan sponsor, enter "Same' \mathbf{ME}	")		3b	Administrator	's EIN	
	FIL		ŀ	0-			
				3C	Administrator	's telephone num	nber
4 1	f the name and/or EIN of the plan sponsor has changed since the last return/rep	ort file	d for this	4b	CINI		
	· · · · · · · · · · · · · · · · · · ·		r's name	40	CIIN		
7	sain, office the flather, and the plan hornor from the last return/report.	JUNSU	i S iiaiiie	4c	DN		
				40	FIN		
5a	Total number of participants at the beginning of the plan year			5a	1	4	
b	Total number of participants at the end of the plan year			5b			
С	Total number of participants with account balances as of the end of the plan ye					1. 1. 1. 1.	
	benefit plans do not complete this item)			5c		4	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (S				***	X Yes	No No
b	Are you claiming a waiver of the annual examination and report of an independ	ent qu	alified publ	ic acc	countant		
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and co					X Yes	s No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF						
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beg		ng of Year	(b) End o	f Year
	Total plan assets	7a		1	386023		<u>1454384</u>
D	Total plan liabilities	7b	ļ				
	Net plan assets (subtract line 7b from line 7a)	7c		1	386023	· · · · · · · · · · · · · · · · · · ·	<u>1454384</u>
8	Income, Expenses, and Transfers for this Plan Year		(á	a) Am	ount	(b) To	tal
а	Contributions received or receivable from:						
	(1) Employers	8a(1)			****		
	(2) Participants	8a(2)					
_	(3) Others (including rollovers)	8a(3))		60011		
	Other income (loss) SEE STATEMENT 1	8b			69911		<u> </u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					69911
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				-	
e	Certain deemed and/or corrective distributions (see instructions)	8e			1550	ran a market	um n
1	Administrative service providers (salaries, fees, commissions)	8f			1550	STATEME	NT Z
g	Other expenses (add lines 8d, 8e, 9f, and 8e)	8g					1550
n i	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h					68361
í	Transfers to (from) the plan (see instructions)	8i 8j				1	00301
_	manarera to thorny the plan (see instructions)	ı Oj	1			Percentage (1997)	

Form Sout	>SF (2009)			Page 2	2- /				
Partity Plan (Characteristics						******	·	
	construction benefite, enter the app			Diag		4 = rlm();	Carles	- the instr	ections:
1989 If the plan provid 1988 3D	165 pension beneme, emar me app	(RCSIDIS DOUBLED LESSALA A	10000 ILOU ILLA CIECA	F	#1 1 to 1 to 1	(43) VIC 614		11 tile n	
	des welfare benefits, enter the appl	losbie welfare feature oc	des from the List of I	Plan Ch	aracte	riatie (Codes in	the instru	ctions:
Party Comp	llance Questions								
C During the plan			•		Yes	Ne		Arapynt	
	to transmit to the plan any participant	contributions within the tim	e period described			1			
	1027 (See instructions and DOL's V			10a		X			
	nonexempt transactions with any p								
	certed on line 10a.)			105		X			
	wered by a fidelity bond?			10c	X			1	50000
	ve a lose, whether or not reimburse	, ,,			,				
•		Contract to the property of		10d		X			
	or commissions paid to any brokers								
	o service or other organization that								
				10e		X			
	netructions.)			101	 	X			
	lec to provide any benefit when du			100		X		·····	
	ve any participant loans? (if "Yes,"			100	-		er i Grenness	o consideration	
	vidual account plan, was there a bla	·		406		x		**************************************	4 19 30000
and 29 OFR 253				10h	┡		1	and the second	March III See See
	vered "Yes," check the box if you e			101		x		CONTRACTOR OF THE CONTRACTOR O	
	ns to providing the notice applied union Funding Compliance	nder 29 CFR 2520.101-	3	10	<u> </u>		2/2/201799	A. Landson and a	Soletia kata Proces
11 to this a defined	benefit plan subject to minimum f	unding registrements? (If	*Van * see instructio	ns and	COME	lere.			
	orm 5500))							Yes	X No
12 by the Addisor	orm obout	inima and another receipes	-ste of eaction 412	of the C	and c	LF.	·	1.4-:	
	ERISA? (If "Yes," complete 12a or 1	NUMBER OF STREET	igita u asaningi i	₩1 841 -	, ****	,		T Yes	No X
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TULING OF ANTING T	IAA Winner		Month		Dat	L.		TANK	
** :	4		Month	to House	_ Dai	·y		Tear	
If you completed	line 12s, complete lines 3, 9, and	10 of Schedule MB (Fo	rm \$500), and aldp 1	p line .	13.			Tear	
If you completed b Enter the minim	line 12s, complete lines 3, 9, and num required contribution for this p	10 of Schedule MB (Fo	rm 5500), and skip 1	to Hare 1	(3 .	12b		Tear	
If you completed D Enter the minim C Enter the amou	line 12s, complete tines 3, 9, and num required contribution for this pi int contributed by the employer to t	l 10 of Schedule MB (Fo ilan year the plan for this plan yea	rm 6500), and akip 1	p jine	(3 .			Tear	
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If you completed b Enter the minim c Enter the amou d Subtract the enter the left of a neg	line 12s, complete times 3, 9, and num required contribution for this pi int contributed by the employer to t mount in line 12c from the amount is pative amount)	10 of Schedule MB (Fo lian year the plan for this plan year In line 125. Enter the res	rm 5500), and skip t	to line '	13.	12b 12c			
ff you completed b Enter the minim c Enter the amou d Subtract the enter the left of a neg will the minimum	line 12s, complete times 3, 9, and num required contribution for this paint contributed by the employer to to mount in line 12c from the amount in pative amount). In funding amount reported on line	10 of Schedule MB (Fo lian year the plan for this plan yea in line 12b. Enter the resi 12d be met by the fund	rm 5500), and skip t	to line '	13.	12b 12c		No No	∐ N⁄A
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If you completed b Enter the minim c Enter the amou d Subtract the an the left of a neg will the minimu Plan 13a Has a resolution	line 12s, complete times 3, 9, and num required contribution for this part contributed by the employer to to mount in line 12c from the amount in pative amount). In funding emount reported on line Terminations and Transfer in to terminate the plan been adoption.	10 of Schedule MB (Fo lian year the plan for this plan yea in line 12b. Enter the resi 12d be met by the fund irs of Assets led during the plan year	iris 5500), and skip to ir ut (enter a minus signing deadline?	to line		12b 12c	(**		
If you completed D Enter the minim C Enter the amound Subtract the amound the left of a negret will the minimum. Plant Plant 136 Has a resolution	line 12s, complete times 3, 9, and num required contribution for this part contributed by the employer to to mount in line 12c from the amount in pative amount). In funding emount reported on line Terminations and Transfer in to terminate the plan been adoption.	10 of Schedule MB (Fo lian year the plan for this plan yea in line 12b. Enter the resi 12d be met by the fund irs of Assets led during the plan year	iris 5500), and skip to ir ut (enter a minus signing deadline?	to line		12b 12c	(**	No	LINA
if you completed b Enter the minim c Enter the amou d Subtract the enter the left of a neg will the minimu Per YS: Plan 136 Has a resolution if 'Yes,' enter t	line 12s, complete lines 3, 9, and num required contribution for this part contributed by the employer to the mount in the 12c from the amount in the transitions amount reported on line. Terminations and Transfer in to terminate the plan been adopt the amount of any plan assets that	10 of Schedule MB (Folian year the plan for this plan year in line 12b. Enter the resistance of Assets ed during the plan year of Assets	rris 5500), and skip to rule to the total skip t	to line	13.	12b 12c	(**	No Yes	∐ N/A X No
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5500 Electronic Filing Authorization

Plan Name: Douglas M. Neuman, ESC Profit Sharing Plan

EIN/PN: 61-0904982/002

Plan Year: 10/1/2009 - 9/30/2010

I heraby authorize Psimer & Associates, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's Internet site for public disclosure.

Plan Administrator

SIRN

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/ date