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

2010

This Form is Open to Public Inspection

Pa	ırt I 📗 Annual Report Id	lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/20	10	and ending 1	2/31/2	010		
A	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	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter descripti	on)		□ b 29. cm.			
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation					
	Name of plan	orner an requested miletin	iation		1b	Three-digit		
	•	KY & KATZ, P.S.C. PROFIT SHAR	ING PLAN			plan number		
						(PN) ▶		
					1C	Effective date of plan 03/01/1969		
2a	Plan sponsor's name and addre	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number		
	AN, BARRON, ROTH, LEHOC				(EIN) 61-0678616			
3333	BARDSTOWN RD.				2c	Plan sponsor's telephone number 502-452-6337		
	SVILLE, KY 40218				2d	Business code (see instructions)		
						621111		
	Plan administrator's name and AN, BARRON, ROTH, LEHOC	address (if same as Plan sponsor, 6 KY & KATZ, P.S.C. 3333 BARD			3b	Administrator's EIN 61-0678616		
	,	LOUISVILLE			3c	Administrator's telephone number		
						502-452-6337		
		in sponsor has changed since the la r from the last return/report. Spons		port filed for this plan, enter the	4b	EIN		
'	iame, Lin, and the plan numbe	i from the last return/report. Sports	oi s name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	33		
b	Total number of participants at	the end of the plan year			5b	35		
C Total number of participants with account balances as of the end of the pla				ear (defined benefit plans do not		0.5		
complete this item)					5c	35		
	•			(See instructions.)		^ Yes No		
D				ident qualified public accountant (IQ ons.)		Yes No		
	,			SF and must instead use Form 55				
Pa	rt III Financial Informa	ation	_		1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	7625107	7	8969147		
b	Total plan liabilities		7b					
C	Net plan assets (subtract line 7	b from line 7a)	7с	7625107	/	8969147		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or receivable from:		8a(1)	131899	9			
	(1) Employers			78946	5			
	(3) Others (including rollovers)			115399	9			
b	,	oss)			04			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			1368148		
d		rollovers and insurance premiums		23898	898			
				23090				
		ive distributions (see instructions)						
†		s (salaries, fees, commissions)		210	7			
g	•			210		24108		
n ;		Be, 8f, and 8g)				1344040		
 	` , `	e 8h from line 8c)				1044040		
- 1	Transiers to (Itom) the plan (Se	ee instructions)	··· 8j	İ				

	Form 5500-SF 2010 Page 2-		_			
ar	t IV Plan Characteristics					
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acterist	tic Co	des in	the instructions:	
	2E 2F 2G 2J 2K 2T 3D	_4 _ =: _4:	:- 0		d :	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cteristi	ic Coc	ies in t	ne instructions:	
art	V Compliance Questions					
)	During the plan year:		Yes	No	Amou	unt
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		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	Χ		I	650000
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	V	X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X			29729
h		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		X		
art	VI Pension Funding Compliance					
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	802 of E	ERISA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day .		
b	Enter the minimum required contribution for this plan year			12b		
С	Enter the amount contributed by the employer to the plan for this plan year		[12c		
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No	o N/A
art	VII Plan Terminations and Transfers of Assets					
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>			Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
L			d	1		

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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.	07/08/2011	JOHN B. ROTH
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 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

■ Part I Annual Report Identification Informat		 					
Part I Annual Report Identification Information For celender plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010							
A This return/report is for:	one-participant plan						
B This return/report is for: first return/report							
an amended return/repoi	nder blank	year return/report (less than 12 mo	nths)				
C Check box if filing under: Form 6558							
special extension (enter	ليما			☐ DFVC progra			
Part II Basic Plan Information—enter all requests			,				
1á Name of plan	- 11041111111111111111111111111111111111	A RECOGNICATION AND A	1b	Three-digit			
KAPLAN, BARRON, ROTH, LEHOCKY &		plan number	002				
KATZ, P.S.C. PROFIT SHARING PLAN			40	(PN) DEFECTIVE date of			
			16	03/01/1969			
2a Pian sponsor's name and address (employer if for single- KAPLAN, BARRON, ROTH, LEHOCKY	employer plan)		2b	Employer Identil	Toation Number		
& KATZ, P.S.C.			- 	(EIN) 61-067			
3333 BARDSTOWN RD.			Z¢	(502) 452-6	elephone number 5337		
3333 BARDSIQWN RD,			2ď	Business code (
LOUISVILLE		KY 40218		621111			
3a Plan administrator's name and address (if same as Plan s	onsor, enter "Same	1°)	30	Administrator's	EIN		
			3c	Administrator's t	elephone number		
4 If the name and/or EIN of the plan sponsor has changed sin	as the lest poblantes	nast filed for this plan, anter the	4L	PIM			
name, EIN, and the plan number from the lest return/report.	. Sponsor's name	port med for this plan, enter the	412	EIN			
+			4c	PN			
6a Total number of participants at the beginning of the plan ye			5 8		33		
b Total number of participants at the end of the plan year			5b		35		
C Total number of participants with account balances as of the complete this item)	5 0	3					
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							
tunday til MED tiktin 404 409 /the institute og tustuse s	فلالب حجم لمساح وكالأكالوال	inoite dagunoa basua alcoeditatit (ist	ייי		Ø van □ Na		
under 29 CFR 2520.104-467 (See instructions on waiver a if you answered "No" to either 6a or 6b, the plan cannot	eligibility and conditi	ons.)		*****************	X Yes [] No		
under 29 CFR 2520.104 467 (See instructions on waiver a if you answered "No" to either 6a or 6b, the plan cannot Part III Financial Information	eligibility and conditi	ons.)		21411411421414141414	X Yes No		
if you answered "No" to either 6a or 6b, the plan canno	eligibility and conditi	ons.)		(b) End	of Year		
If you answered "No" to either 6a or 6b, the plan cann Part III Financial Information	eligibility and condition use Form 55004	ons.). SF and must instead use Form 550	ю.				
If you answered "No" to either 6a or 6b, the plan cannot plan Assets and Liabilities Total plan assets Total plan ilabilities	eligibility and condition tuse Form 55004	(a) Beginning of Year 7, 625, 10	7		of Year 8,969,147		
If you answered "No" to either 6a or 6b, the plan cannot Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan ilabilities C Net plan assets (subtract line 7b from line 7a)	eligibility and condition tuse Form 55004	ons.)	7		of Year		
First iii Financial Information 7 Plan Assets and Liabilities 8 Total plan assets C Net plan assets (subtract line 7b from line 7a)	eligibility and condition tuse Form 55004	(a) Beginning of Year 7, 625, 10	7		of Year 8,969,147 8,969,147		
First iii Financial Information 7 Plan Assets and Liabilities 8 Total plan assets C Net plan assets (subtract line 7b from line 7a) 8 Incoms, Expanses, and Transfers for this Plan Year 8 Contributions received or receivable from:	ot use Form 55004	(a) Beginning of Year 7, 625, 10	7	(b) End	of Year 8,969,147 8,969,147		
First III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets C Net plan assets (subtract line 7b from tine 7a)	7a 7b 8a(1)	(a) Beginning of Year 7, 625, 10 (a) Amount	7 7 9	(b) End	of Year 8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets C Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1)	(a) Beginning of Year 7, 625, 10 (a) Amount	7 9 6	(b) End	of Year 8,969,147 8,969,147		
First III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets C Net plan assets (subtract line 7b from tine 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89	7 9 6 9	(b) End	of Year 8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets C Net plan assets (aubtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(3) 8b	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94	7 9 6 9	(b) End	of Year 8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan ilabilities C Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c nlume	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94 115, 39 1, 041, 90	7 9 6 9 4	(b) End	8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan liabilities C Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 5c niume 8d	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94	7 9 6 9 4	(b) End	8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan liabilities C Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c niume 8d stone) 8e	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94 115, 39 1, 041, 90	7 9 6 9 4	(b) End	8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan assets (aubtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 5c niume 8d tione) 8f	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94 115, 39 1, 041, 90	7 7 9 6 9 4	(b) End	8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan assets (aubtract line 7b from line 7a)	8a(1) 8a(2) 8b 8c stume 8d stone) 8f 8g	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94 115, 39 1, 041, 90	7 7 9 6 9 4	(b) End	8,969,147 8,969,147		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan assets c Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c stione) 8c	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94 115, 39 1, 041, 90	7 7 9 6 9 4	(b) End	8,969,147 8,969,147 otal		
Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets b Total plan ilabilities C Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c stione) 8c 8c 8d 8d 8d 8d 8d 8d 8d 8d	(a) Beginning of Year 7, 625, 10 7, 625, 10 (a) Amount 131, 89 78, 94 115, 39 1, 041, 90	7 7 9 6 9 4	(b) End	8,969,147 8,969,147 otal		

	Form 5500-8F 2010	f	eage 2-								
Part	IV Plan Characteristics										
	f the plan provides pension benefits, enter the applicable pension for	eature codes from the	e List of Plan Ch	aracterís	stic Co	des in	the instruct	ions:			
	K 2E 2F 2G 2J 2K 2T 3D										
ь і —	f the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the	List of Plan Cha	recteris	tio Cor	les in :	the instructi	ons:			
Part	Compliance Questions	,	, , , , , , , , , , , , , , , , , , , ,								
	During the plan year:				Yes	No		Amount			
	Was there a fallure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	siery Correction Prog	(me	10a		X					
Ь	Were there any nonexempt transactions with any party-in-interest?	' (Do not include trans	sactions reported	106		х					
c	Was the plan covered by a fidelity bond?			100	Х			650	,001		
	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond, that was	caused by frauc	10d	·	<u>.</u>			-		
¢	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of	er persons by an insu the benefits under the	rance carrier, 18 plan? (See		,	x					
	Instructions.)			100		X					
	Has the plan failed to provide any benefit when due under the plan			101							
	Did the plan have any participant loans? (If "Yes," enter amount as			10g	Х			29,	,72		
	If this is an individual account plan, was there a blackout period? (6 2520.101-3.)	**************************************	***************************************	10h		Х		····	.,		
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	s required notice or o	ne of the	101		х					
	/I Pension Funding Compliance				· · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·				
11	s this a defined benefit plan subject to minimum funding requirements (500))	nts? (If "Yes," see in:	oo bne enotiona	mplete :	Sched	ıle SØ	(Form	☐ Yes 🛚	No		
8	is this a defined contribution plan subject to the minimum funding or if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated a walver of the minimum funding standard for a prior year is being prenting the walver	ble.) I amortized in this pla	ın year, see instr	uctions, onth	and e	nter th	e date of th	Yes K	• 3		
b I	Enter the minimum required contribution for this plan year	*****************************			[12b					
C	Enter the amount contributed by the employer to the plan for this pie	an year	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[12c					
d :	Subtract the amount in line 12c from the amount in line 12b. Enter the amount in line 12b. Enter the amount in line 12b.	he result (enter a mir	ue eign to the le	it of a		126		,			
e 1	Vill the minimum funding amount reported on line 12d be met by the	e funding deadline?	494111111111111111111111111111111111111	********			Yes	No	N/Ą		
Part \	il Plan Terminations and Transfers of Assets				•						
13a I	ias a resolution to terminate the plan been adopted during the plan	year or any prior yes	M.S		<u></u>			Yes X	No		
!	"Yes," enter the amount of any plan assets that reverted to the em	ployer this year	******************	**********		13a					
1	b Ware all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
C	f during this plan year, any easets or liabilities were transferred fron which easets or liabilities were transferred. (See instructions.)	n this plan to another	plen(s), identify	the plan	ı(s) to		A 114 -AB 51				
13	c(1) Name of plan(s):				13c	(2) EII	V(s)	13c(3) PN	(e)		
								1			
			VV								
Contin	n: A penalty for the late or incomplete filing of this return/repo	ek 103(f fee ee e e e e e e e				-4-64	- 44				
Under 8B or 9	panalities of perjury and other penalties set forth in the instructions, inchedule MB completed and signed by an enrolled actuary, as well to true, correct, and complete.	I declare that I have	examined this re	h (m)/rec	ort inc	dudina.	ifannlicah	le, a Schedu Iowledge and	ile d		
	hour & Selters		JOHN B. RO	TH							
Sign Here	Skyrature of plan administrator	Date 7 €~-1(Enter name of		പ് പ്രാ	na se	nian admini				
SIGN	wars level any		いったい				Finit Antiu	- Harri			
HERE						Individual algring as employer or plan appnsor					

Signature of employer/plan sponsor

Date 7-4-1(Enter name of individual signing as employer or plan sponsor