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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.			
Pa	art I Annual Report Ide	entification Information						
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	1	and ending 0	3/02/2	2011		
Α	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-particip	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	·	an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am	
		special extension (enter descriptio				☐ - · · · · · · · · · · · · · · · · · ·		
Dr	rt II Pacia Blan Inform	ation—enter all requested information	•					
	Irt II Basic Plan Inform Name of plan	enter all requested informa	ation		1h	Three-digit		
	Name of plan FON AND ALLEN, PSC 401(K) P	I AN			10	plan number	000	
						(PN) ▶	003	
					1c	Effective date		
						09/01/	1990	
	•	ss (employer, if for single-employer	plan)		2b	Employer Ident		mber
COT	FON & ALLEN, PSC				20	(EIN) 61-09° Plan sponsor's		numbor
	S FIFTH ST SUITE 201 S				20	502-58	89-6050	lumber
LOU	SVILLE, KY 40202-3220				2d	Business code	(see instruc	ctions)
					01	54121		
COT	Plan administrator's name and a FON & ALLEN, PSC	ddress (if same as Plan sponsor, er 200 S FIFTH	nter "Same ST SUITE	e") E 201 S	30	Administrator's 61-09		
		LOUISVILLE	, KY 40202	2-3220	3c	Administrator's	telephone r	number
							39-6050	
	•	sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number	from the last return/report. Sponso	r's name		4c	PN		
5a	Total number of participants at t	he beginning of the plan year			5a	T		67
	, ,	he end of the plan year						0
		n account balances as of the end of			5b			
С					5c			0
6a	Were all of the plan's assets du	ring the plan year invested in eligibl	le assets?	(See instructions.)			X Yes	No
b				ndent qualified public accountant (IQI			<u> </u>	
	,	• ,		ions.)			^ Yes	No
D-			orm 5500-	SF and must instead use Form 55	00.			
	rt III Financial Information	tion		T				
7	Plan Assets and Liabilities			(a) Beginning of Year	,	(b) End	d of Year	0
	Total plan assets		7a	3433007				-
b	•		. 7b	3499837	,			0
<u> </u>	·	from line 7a)	7c					0
8	Income, Expenses, and Transfe			(a) Amount		(b)	Total	
а	Contributions received or receiv (1) Employers	able from:	8a(1)					
			8a(2)		7			
	• • • • • • • • • • • • • • • • • • • •				7			
b	, ,		8b	147866	5			
C	` ,	a(2), 8a(3), and 8b)	8c					147866
d	Benefits paid (including direct ro		- 00					
-	to provide benefits)		. 8d	752683	<u> </u>			
е	Certain deemed and/or corrective	ve distributions (see instructions)	. 8e					
f	Administrative service providers	(salaries, fees, commissions)	8f		_			
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	8h					752683
i	Net income (loss) (subtract line	8h from line 8c)	. 8i				-	604817
	Transfers to (from) the plan (see	e instructions)	8i	-2895020) [

F	Form 5500-SF 2010	Page 2-
IV	Plan Characteristics	
If the	plan provides pension benefits, enter the applicable pension feature codes t	from the List of Plan Characteristic Codes in the instructions:
E.	2G 2J 2K 3D	

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

) - =4	W	Compliance Overtions						
art		Compliance Questions		V	Na	_		
0		ng the plan year:		Yes	No	P	Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported						
		ne 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				400000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	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.)						
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 thi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h	X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i	X				
art	VI	Pension Funding Compliance						
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes	X No
12	Is th	ris a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	<u> </u>
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.						
lf y	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol		V	П
		e PBGC?					X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1			
		Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
EAN	N DOI	RTON ALLEN FORD, PLLC RETIREMENT PLAN	27-3	38582	52		00)1
~		\		: _		: -		

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.	08/18/2011	GWEN TILTON
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 Labor Employee Benefits Security Administration

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pe	ension Benefit Guaranty Corporation Complete all entries in accordance with the	instruc	tions to tl	ne Fo	rm 5500-SF.	to Public	Inspection	
Pa	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning $01/01/2011$		a	nd er	iding 0	3/02/20	11	
Α	This return/report is for: X single-employer plan multiple-emp	oloyer p	lan (not m	ultien	nployer)	one-participa	nt plan	
В	This return/report is for: first return/report	eport						
_	an amended return/report 🛛 🗓 short plan yo	ear retu	ırn/report (less t	han 12 months	1		
C	Check box if filing under: Form 5558 automatic ex	xtensio	n			DFVC progra	m	
	special extension (enter description)							
	art II Basic Plan Information - enter all requested information							
	Name of plan			1b	Three-digit plan number (DNI)	0.00	
CC	TTON AND ALLEN, PSC 401(K) PLAN						003	
				10	Effective date			
0-				Ola		1/1990	(FILE)	
	Plan sponsor's name and address (employer, if for single-employer plan)			20	Employer Iden		ber (EIN)	
CC	OTTON & ALLEN, PSC			20		916029	nah ar	
20	0 S FIFTH ST SUITE 201 S			20	Plan sponsor's) 589-6		
20	0 5 FIFIN 51 SOLIE 201 5			2d	Business code			
T.C	UISVILLE KY 40202-3220			24	5412		0113)	
	Plan administrator's name and address (If same as Plan sponsor, enter "Same"	")		3b	Administrator'			
	ME	,			, tarriii ilotrator	0 2.11		
				3с	Administrator'	s telephone nu	umber	
						and supporting a feet support		
4	f the name and/or EIN of the plan sponsor has changed since the last return/rep	ort filed	for this	4b	EIN			
ŗ	plan, enter the name, EIN, and the plan number from the last return/report. Sp	onsor'	s name					
				4c	PN			
	Total number of participants at the beginning of the plan year			5a		67		
	The state of the particular tree of the plant year.			5b	0			
С	Total number of participants with account balances as of the end of the plan year	ear (def	ined	_		_		
<u></u>	benefit plans do not complete this item)			5c	L	0		
ba	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee inst	ructions.)	i.) X Yes No				
D	Are you claiming a waiver of the annual examination and report of an independ					57	Д.,	
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and c					X Y	es No	
P	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF art III Financial Information	and m	iust instea	ad us	e Form 5500.			
7	Plan Assets and Liabilities	8.04	(a) Re	ainnir	ng of Year	(b) End	of Year	
	Total plan assets	7a			99,837	(b) Life	C	
b		7b		J / =	55,057		0	
C	Net plan assets (subtract line 7b from line 7a)	7c		3.4	99,837		(
8	Income, Expenses, and Transfers for this Plan Year	1.0			ount	(b) -	Total	
а	Contributions received or receivable from:		<u>`</u>	-		,-/		
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
	Other income (loss) SEE STATEMENT 1	8b		1	47,866			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					147,866	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7	52,683	STATEM	ENT 2	
-	Certain deemed and/or corrective distributions (see instructions)	8e						
t	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g					EE0 111	
i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			100000		752,683	
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i		2 0	05 000		-604,817	
	mandrete to fireing the plan (see instructions)	8j		4,8	95,020			

Page 2-	
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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 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:

D	V Compliance Questions							
Pari								
	During the plan year:				Yes	No	Amoun	<u>t</u>
	Was there a failure to transmit to the plan any participant of					37		
	n 29 CFR 2510.3-102? (See instructions and DOL's V			10a		X		
	Were there any nonexempt transactions with any p			401		v		
				10b	v	X	1	00,000
	Was the plan covered by a fidelity bond?			10c	X		4	00,000
	Did the plan have a loss, whether or not reimbursed			40.		v		
				10d		X		
	Were any fees or commissions paid to any brokers							
	carrier, insurance service or other organization that			40		v		
	the plan? (See instructions.)			10e		X	<u></u>	
	Has the plan failed to provide any benefit when due			10f		X		
_	Did the plan have any participant loans? (If "Yes," e			10g		X		
	f this is an individual account plan, was there a bla				7.7			
	and 29 CFR 2520.101-3.)			10h	X			
	f 10h was answered "Yes," check the box if you ei				37			
Parl	of the exceptions to providing the notice applied un VI Pension Funding Compliance	nder 29 CFR 2520.101	-3	10i	X			
	s this a defined benefit plan subject to minimum fu	unding requirements?	/If "Voc " and instruction	o and	oomn	oto		
	Schedule SB (Form 5500))						Yes	X No
77	s this a defined contribution plan subject to the mi						165	<u> </u>
	section 302 of ERISA? (If "Yes," complete 12a or 1:						□ vas	X No
	f a waiver of the minimum funding standard for a p							
	uling granting the waiver.							
	ou completed line 12a, complete lines 3, 9, and					/	Year	
_	Enter the minimum required contribution for this pla		5500), and skip to			12b		
	Enter the amount contributed by the employer to the	•				12c		
_	Subtract the amount in line 12c from the amount in					120	3	
	the left of a negative amount)					12d		
	Will the minimum funding amount reported on line				- Company of the Comp		No	N/A
Parl			ung deadine:			163		I IV/A
	Has a resolution to terminate the plan been adopte		or any prior year?				X Yes	No
	f "Yes," enter the amount of any plan assets that r					13a		0
-	Were all the plan assets distributed to participants					iou		
	under the control of the PBGC?		The first of the same of the s				X Yes	No
	f during this plan year, any assets or liabilities were							
	iabilities were transferred. (See instructions.)		(- _/ ,		,	(=)		
	c(1) Name of plan(s):				13c(2)	EIN(s)	13c(3) PN(s)
DEA	N DORTON ALLEN FORD, PLLC	RETIREMENT						
PLA	7			27-	385	8252	00:	1
Caut	on: A penalty for the late or incomplete filing of	this return/report wil						
Jnder p	enalties of perjury and other penalties set forth in the instructions, I c	declare that I have examined t	his return/report, including, if ap	plicable	a Sche	dule SB or S		ed and
ignea b	y 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 con	plete.		
SIGN Swen Julien 8/15/11 GWEN TILTON								
	Signature of plan administrator	Date	Enter name of individu	al sigr	ning as	plan adı	ministrator	
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					