	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089			
		Benefit Plan d under sections 104 and 4065 of the Employe			2010				
 Fr	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of th Code (the Code).		This Form is Open to Public			
	Pension Benefit Guaranty Corporation			the instructions to the Form 550	0-SF.	Inspection			
		entification Information				2014			
	calendar plan year 2010 or fisca	al plan year beginning 01/01/2017)3/03/2				
	This return/report is for:	first return/report	final return	mployer plan (not multiemployer)		one-participant plan			
D	This return/report is for:	an amended return/report		year return/report (less than 12 mc	onths)				
С	Check box if filing under:	Form 5558		extension		DFVC program			
•		special extension (enter descriptio							
Pa	art II Basic Plan Inform	nation—enter all requested information	ation						
	Name of plan				1b	Three-digit plan number			
GAR	DNER LAW OFFICE, PLLC 401	(K) RETIREMENT SAVINGS PLAN				(PN) ► 001			
					1c	Effective date of plan 01/01/2008			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 51-0659136			
138 [DEWEESE STREET				2c	Plan sponsor's telephone number 859-253-0734			
LEXI	NGTON, KY 40507-1921				2d	Business code (see instructions) 541110			
3a GAR	Plan administrator's name and DNER LAW OFFICE, PLLC	address (if same as Plan sponsor, er 138 DEWEES LEXINGTON	SE STREE	T	3b	Administrator's EIN 51-0659136			
		LEXINGTON	, KT 40307	-1321	3c	Administrator's telephone number 859-253-0734			
		in sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
			r o namo		4c	PN			
5a		the beginning of the plan year			5a	2			
b		the end of the plan year			5b	0			
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	0			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		Yes No			
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No			
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year 5051	4	(b) End of Year			
a b	•		7a 7b						
c	•	'b from line 7a)	70 70	5051	4	0			
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or recei		80(1)						
			8a(1) 8a(2)						
)	8a(3)						
b	Other income (loss)		8b	-16	4				
C		8a(2), 8a(3), and 8b)	8c			-164			
d		ollovers and insurance premiums	8d	5035	0				
е		ive distributions (see instructions)	8e						
f	Administrative service provider	s (salaries, fees, commissions)	8f						
g	•		8g			50050			
h :		Be, 8f, and 8g)	8h			-50350			
i		e 8h from line 8c) ee instructions)							
,			8J						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 2F 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:

Part	V	Compliance Questions										
10	Du	iring the plan year:		Yes	No		Am	ount				
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X							
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х							
С	W	as the plan covered by a fidelity bond?	10c		Х							
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х							
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		х							
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х							
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х							
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х							
i		10h 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	10i									
Part	VI	Pension Funding Compliance										
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00)).	•			•		Yes	No			
12 а	 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (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 											
lf	-	anting the waiver			Day		_ Yea	r				
	-	ter the minimum required contribution for this plan year		[12b							
С	En	ter the amount contributed by the employer to the plan for this plan year			12c							
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d							
е	Wi	It the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A			
Part	VII	Plan Terminations and Transfers of Assets										
13a	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?					Х	Yes	No			
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0			
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					X	Yes	No			
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t nich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			<u>.</u>					
1	3c(1) Name of plan(s):		130	c (2) El	N(s)		13c(3)	PN(s)			
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.						

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.	09/07/2011	BRIAN C. GARDNER
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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		Return/I Benefit	Report of Small Employ	CMB Nos. 1210-0110 1210-0089			
	Informal Designation Constant		clions 104 and 4065 of the Employee	2010			
	Department of Labor Retirement Income Security	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public			
~	Anning Baneth Guarantica		the instructions to the Form 5500	Inspection			
	art I Annual Report Identification Information	Instine Mili	r the instructions to the Form 5500-	Sr.			
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	2011 and ending	03/03/2011			
А	This return/report is for: X single-employer plan] multiple-e	mployer plan (not multiemployer)	🔲 one-participant plan			
В	This return/report is for:	4	n/report				
	an amended return/report		year return/report (less than 12 mont	·			
С	Check box if filing under:	-	extension	DFVC program			
	special extension (enter descripti						
	art II Basic Plan Information—enter all requested Inform Name of plan	nation	·				
10	Gardner Law Office, Pllc 401(k) Retirem	ent Sav		1b Three-digit plan number			
				(PN) > 001			
				IC Effective date of plan 01/01/2008			
2a	Plan sponsor's name and address (employer, if for single-employer Gardner Law Office, Pllc	r plan)		2b Employer Identification Number			
	Gardner Law Office, Plic			(EIN) 51-0659136			
	138 Deweese Street			2C Plan sponsor's telephone number 859-253-0734			
	Lexington KY 40507-1921			2d Business code (see instructions)			
- 20			M5	541110 3b Administrator's EIN			
Ja	Plan administrator's name and address (if same as Plan sponsor, e Gardner Law Office, Pllc	anter Jame	1	51-0659136			
	138 Deweese Street			3c Administrator's telephone number			
4	Lexington KY 40507-192 If the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	859-253-0734 4b EIN			
	name, EIN, and the plan number from the last return/report. Spons			4. 4. 5.			
Fa	Table number of verticizants of the boolenster of the star user			4c PN			
	Total number of participants at the beginning of the plan year		· · · · -	5a 2			
n	Total number of participants at the end of the plan year	***************	***************************************	56 la defense a 100			
~	Total number of participants with account balances as of the and o	fibe clan w	ar Idefined henefit alans do not				
C	Total number of participants with account balances as of the end o complete this item)			5c 0			
-6a	complete this item) Were all of the plan's assets during the plan year invested in eligit	ole assets? (See instructions.)	5c 0 X Yes No			
-6a	complete this item). Ware all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	ole assets? (an Indepen	(See instructions.)	5c 0 X Yes No			
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6a b 7 a b c 8 a b c 8 a b c d e f g h i j	complete this item) Ware all of the plan's assets during the plan year invested in eligit Are you claiming a walver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F int-III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: {1} Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Net income (loss) (subtract line 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	De assets? an indepen- and condition form 5500-5 70 70 70 70 70 70 70 70 70 70 70 70 70	(See instructions.) dent qualified public accountant (IQP/ ons.) F and must instead use Form 5500 (a) Beginning of Year 50514 50514 (a) Amount -164 50350	5c 0 5c 0 X Yes No X Yes No (b) End of Year 0 0 0 (b) Total 0 -164 50350			
6ab b 7ab 7ab 8a bcd efgh ij	complete this item) Ware all of the plan's assets during the plan year invested in eligit Are you claiming a walver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F int-III Financial Information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: {1} Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Net income (loss) (subtract line 8h from line 8c) Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	De assets? an indepen- and condition form 5500-5 70 70 70 70 70 70 70 70 70 70 70 70 70	(See instructions.) dent qualified public accountant (IQP/ ons.) F and must instead use Form 5500 (a) Beginning of Year 50514 50514 (a) Amount -164 50350	5c 0 5c 0 X Yes No (b) End of Year 0 (b) Total 0 (b) Total -164 50350 -50514 Form 5500-SF (2010)			

Form 5500-SF 2010

Page 2-

Par									
9a	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the List of Plan Char	acteris	stic Co	des in	the instruction)NS:		
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the List of Plan Chara	aclerisi	tic Coa	ies in l	the instructio	ns:		
Part	V Compliance Questions			<u></u>					
10	During the plan year:			Yes	No	· · · ·			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia	s within the time period described in	10-	res	x	A	mount	<u>-</u>	
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include transactions reported	10a 10b		x				
c	Was the plan covered by a fidelity bond?		10c		x				
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was caused by fraud	10d	-	x				
e	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of th instructions.)	persons by an insurance carrier, le benefits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan? .		10f		х		,		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	100		x				
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	e instructions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or one of the	101						
Part	VI Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·			k			<u></u>	-
11	Is this a delined benefit plan subject to minimum funding requirements 5500))	s7 (If "Yes," see instructions and com	piete 5	Sched	ule SB	(Form	Yes	7 No	
12	Is this a defined contribution plan subject to the minimum funding req						Yes X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							3	£
-sj≈a	If a waiver of the minimum funding standard for a prior year is being a	mortized in this plan year, see instruc	llons,	and e	nter th	e date of the	letter ruting	9	·
19 C	granting the waiver.		lh		Day	Y	ear		
1 A A	you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	-		·		<u>euri, Art</u> eratu,		· · · · ·	e te s
	Enter the minimum required contribution for this plan year				12b		<u>.</u>		
	Enter the amount contributed by the employer to the plan for this plan			•••	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		••••••••	··· L	12d				
	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?	*******			Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?					X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the empl	over this year	******		13a			0	
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	nsferred to another plan, or brought u	under l	lhe co			X Yes [] No	
с 	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), identify th	ie plan	1(s) to					
1	3c(1) Name of plan(s):			13c	(2) Elł	V(s)	13c(3) P	N(s)	
	on: A penalty for the late or incomplete filing of this return/report							······································	
SBo	r penalties of perjury and other penalties set forth in the instructions, i of Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and copiplete.	s the electronic version of this return/r	rn/rep report,	oorl, ind , and to	cluding a the b	j, il applicabl iest of my kn	e, a Sched owledge ar	ule 1d	
SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN									
HER		Date / Enter name of in	diviriu	al sion	ing as	plan admini	strator		
sigi Her		Date Enter name of in			ing as	employer or	plan spon:	sor	· .