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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.					
Part I Annual Report Identification Information										
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
Α -	This return/report is for:	single-employer plan	multiple-employer plan (not multiemployer)			one-participant plan				
В	This return/report is for:	first return/report	final return/report							
		year return/report (less than 12 mo	nths)							
C	Check box if filing under:	Form 5558	automatic	extension	X DFVC program					
		special extension (enter description	on)			_				
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation							
	Name of plan				1b	Three-digit				
	TIN LAW OFFICES 401K PLAN	N				plan number 001				
						(PN) ▶				
					1c	Effective date of plan 07/01/2008				
22	Plan enoneor's name and addr	ress (employer, if for single-employer	· nlan)		2h	Employer Identification Number				
	TIN LAW OFFICES, PSC	ess (employer, il loi single-employer	piai i)			(EIN) 61-1161684				
4071	VEOT MADI E OTDEET				2c	Plan sponsor's telephone number				
	VEST MAPLE STREET 'ERSVILLE, KY 41465-9651				24	D :				
					Zu	Business code (see instructions) 541110				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN				
MAR	TIN LAW OFFICES, PSC	167 WEST N SALYERSVI				61-1161684				
			,		3c	Administrator's telephone number 606-349-6171				
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN					
	•	er from the last return/report. Sponso		, ,						
					4c					
		t the beginning of the plan year			5a	4				
	·	t the end of the plan year			5b	4				
С		vith account balances as of the end o			5c	4				
	,	during the plan year invested in eligib				X Yes □ No				
	•	he annual examination and report of		,						
		(See instructions on waiver eligibility				X Yes U No				
Da		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.					
Pa -	rt III Financial Inform	ation								
-	Plan Assets and Liabilities			(a) Beginning of Year	3	(b) End of Year 43523				
	Total plan assets		. 7a	30090	,	40020				
	•	71. (1' 7-)		38696	96 4352					
	·	7b from line 7a)	. 7с		,					
8	Income, Expenses, and Trans			(a) Amount		(b) Total				
а	Contributions received or rece (1) Employers	ervable from:	. 8a(1)							
			` `	900)					
		s)	` `							
b	Other income (loss)		. 8b	3927	27					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			4827				
d	Benefits paid (including direct	rollovers and insurance premiums								
	,		. 8d		-					
		tive distributions (see instructions)			-					
f		rs (salaries, fees, commissions)			-					
g	·		_			^				
h		8e, 8f, and 8g)				0				
į	`	e 8h from line 8c)				4827				
J	ransters to (from) the plan (s	ee instructions)	. 8i							

	Form 5500-SF 2010 Page 2-						
Par	t IV Plan Characteristics						
)a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara-	cteris	tic Co	des in	the instructions:		
h	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:		
	The plant provided from the deficition, officer the appropriate from the clother from the c	0.0110.		200 117 0	no mondonono.		
art	t V Compliance Questions						
0	During the plan year:		Yes	No	Amount		
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		X			
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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				` \ \/ \ \\ -		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 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 instructions, and enter the date of the letter ruling granting the waiver						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г				
	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a		12d			

Part VII Plan Terminations and Transfers of Assets

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

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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)

N/A

No

Yes X No

Yes

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.	05/25/2012	TODD MARTIN
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

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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

	calendar plan year 2010 or fiscal plan year beginning	01/01/2	2010 and ending	12/31/2010			
Δ -	This return/report is for:	nne-participant plan					
	This return/report is for:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
_	an amended return/report	n/report ryear return/report (less than 12 month	s)				
<u> </u>	Check box if filing under: Form 5558		extension	X DFVC program			
	Special extension (enter description		- Attendion	A Di vo program			
Da	irt II Basic Plan Information—enter all requested information						
	Name of plan	auon		b Three-digit			
	MARTIN LAW OFFICES 401K PLAN	::::		plan number			
				(PN) ▶			
			1	C Effective date of plan			
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		07/01/2008 Employer Identification Number			
<u>"</u> a	MARTIN LAW OFFICES, PSC	platty .		(EIN) 61-1161684			
	167 WEST MAPLE STREET	:		C Plan sponsor's telephone number			
	107 WEST MAPLE STREET			606-349-6171			
	SALYERSVILLE KY 41465-9651	* *		2d Business code (see instructions) 541110			
3a	Plan administrator's name and address (if same as Plan sponsor, el MARTIN LAW OFFICES, PSC	nter "Same	enjikki i i i i i i i i i i i i i i i i i	b Administrator's EIN			
	MARTIN LAW OFFICES, PSC			61-1161684			
	167 WEST MAPLE STREET SALYERSVILLE KY 41465-965	 1		Administrator's telephone number 606-349-6171			
4	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	b EIN			
	name, EIN, and the plan number from the last return/report. Sponso						
	<u> </u>			lc PN			
	Total number of participants at the beginning of the plan year		· · · · · · · · · · · · · · · · · · ·	5a 4			
	Total number of participants at the end of the plan year		and the second s	5b 4			
C	Total number of participants with account balances as of the end of complete this item)						
62	Were all of the plan's assets during the plan year invested in eligible	· · · · ·					
	Are you claiming a waiver of the annual examination and report of a			, = =			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	X Yes ∐ No			
D.	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5500				
-га -							
.		34.535.555					
_	Plan Assets and Liabilities	_	(a) Beginning of Year	(b) End of Year			
a	Total plan assets		(a) Beginning of Year 38696	(b) End of Year 43523			
a b	Total plan assets Total plan liabilities	7b	38696	43523			
_	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	38696 38696	43523 43523			
8	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7b	38696	43523			
_	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	38696 38696	43523 43523			
8	Total plan assets	7b 7c	38696 38696	43523 43523			
8	Total plan assets	7b 7c 8a(1)	38696 38696 (a) Amount	43523 43523			
8	Total plan assets Total plan liabilities 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	7b 7c 8a(1) 8a(2)	38696 38696 (a) Amount	43523 43523			
8 a	Total plan assets Total plan liabilities 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)	7b 7c 8a(1) 8a(2) 8a(3)	38696 38696 (a) Amount	43523 43523			
8 a b	Total plan assets Total plan liabilities 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	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	38696 38696 (a) Amount	43523 43523 (b) Total			
8 a b c d	Total plan assets Total plan liabilities 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)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	38696 38696 (a) Amount	43523 43523 (b) Total			
8 a b c d	Total plan assets Total plan liabilities 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)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	38696 38696 (a) Amount	43523 43523 (b) Total			
8 a b c d	Total plan assets Total plan liabilities 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)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	38696 38696 (a) Amount	43523 43523 (b) Total			
8 a b c d e f	Total plan assets Total plan liabilities 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)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	38696 38696 (a) Amount	43523 43523 (b) Total			
8 a b c d f g	Total plan assets Total plan liabilities 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) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	38696 38696 (a) Amount	43523 43523 (b) Total 4827			
8 a b c d f g	Total plan assets Total plan liabilities 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) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	38696 38696 (a) Amount	43523 43523 (b) Total			
8 a b c d e f g h i	Total plan assets Total plan liabilities 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) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	38696 (a) Amount 900	43523 43523 (b) Total 4827			

Fo	orm 5500-SF 2010 Page 2-						
Part IV	Plan Characteristics	•					
9a If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	des in	the instructi	ons:	
2E b If the r	_2G2J3D olan provides welfare benefits, enter the applicable welfare_feature codes from the List of Plan Chan	antorio	tic Co	doe in	the instruction	ano:	
D nucl	of the provides well are belieflits, efficient applicable well are readure codes from the List of Plan Chair	acteris	iic Coi	162 III	ale ilisaacii	nio.	
Part V	Compliance Questions						
10 Durin	g the plan year:		Yes	No		Amount	
	there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х			
_	there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10a				-: :	
on lin	e 10a.)	10b		Х			·
c Was	the plan covered by a fidelity bond?	10c		Х.			
	ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d	:	Х			
insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See			×			
	ctions.)	10e					<u> </u>
1	he plan failed to provide any benefit when due under the plan?	10f		X			<u> </u>
	te plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	1 1500500000000000000000000000000000000	0150504FEWAG	
2520.	is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X			
	was answered "Yes," check the box if you either provided the required notice or one of the stions to providing the notice applied under 29 CFR 2520.101-3	10i			10.5		
Part VI	Pension Funding Compliance						· · · · · · · · · · · · · · · · · · ·
11 Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	ule SE	3 (Form	∏ Ye	s ∏ No
)s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ye	- H
	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	o or ac	CHOIL	JQZ 01	EIGOA!	□	
a Ifawa	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru						ruling
	ng the waiverMor mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day	<u> </u>	rear	
	the minimum required contribution for this plan year.		Г	12b	1 11 1111		-:
	the amount contributed by the employer to the plan for this plan year			12c			
d Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ve amount)	of a	[12d			
	e 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	:				<u> </u>	: : : : :
13a Hasa	resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Ye	s 🛛 No
If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a			
	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?	under	the co	ntrol		∏ Ye	s X No
	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	ı		_	
13c(1) N	lame of plan(s):	13c(2)			N(s)	13c(3) PN(s)
11. 11.11		1	···········		· · · · · · · · · · · · · · · · · · ·	 	
Caution: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	ıse is	establ	lished.	******	
Under penal	ties of perjury and other penalties set forth in the instructions. I declare that I have examined this ret	urn/rei	oort in	cludin	σ if applicat	ole, a Sc	hedule

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 SIGN	Soll Y how		Todd Martin	
HERE Signaty	ge of plan administrator	Date	Enter name of individual signing as plan administrator	
SIGN	SOT MIL		Todd Martin	
LEDE	re of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	
SIGN HERE Signatu	re of employer/plan sponsor	Date		