## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	1 the instructions to the Form 55	00-5F.		
Pá	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011	
Α .	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer	)	a one-particip	ant plan
В	This return/report is:	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)				
Pa	Irt II Basic Plan Information—enter all requested information	ation				
1a	Name of plan				Three-digit	
EUBA	NKS & MARSHALL, P.S.C. 401K PROFIT SHARING PLAN				plan number	
					(PN) •	002
				10	Effective date of 01/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b 1	Employer Identif	
EUB.	ANKS & MARSHALL, P.S.C.			(	(EIN) 61-09	74258
				2c S	Sponsor's telep	
	VEST MARKET STREET			24 .	502-585	
LOUI	SVILLE, KY 40202-1332			2a	3usiness code ( 62111	see instructions)
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	.")	3b /	Administrator's E	
	NKS & MARSHALL, P.S.C. 136 WEST M. LOUISVILLE,	ARKET ST	REET		61-09	74258
	LOOISVILLE,	KT 40202	-1332	3c /	Administrator's t 502-585	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report.					
	Sponsor's name			4c	PN T	
5a	Total number of participants at the beginning of the plan year			· 5a		,
b	Total number of participants at the end of the plan year			. 5b		
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		••••••	X Yes N
b	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		•			X Yes   N
Da	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 5	500.		
7	Plan Assets and Liabilities		(a) Paginning of Voor		(b) End	of Your
a	Total plan assets	7a	(a) Beginning of Year 522918		(b) End	593292
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	522918			593292
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		20450		, ,	
	(1) Employers	8a(1)	29450			
	(2) Participants	8a(2)	59598			
	(3) Others (including rollovers)	8a(3)	10001			
b	Other income (loss)	8b	-10891			70457
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				78157
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7783			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7783
i	Net income (loss) (subtract line 8h from line 8c)	8i				70374
j	Transfers to (from) the plan (see instructions)	8i				

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Form	5500	SF.	2011

Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 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:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					90000
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.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
İ	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							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No
12								
	(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 instruct granting the waiver.  Montlou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
^			Г	12b				
	Enter the minimum required contribution for this plan year.			12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		lo	N/A
Part								
	Has a resolution to terminate the plan been adopted in any plan year?				res X N	lo.		
·ou	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u> </u>			
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol				
~	of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to	1				
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.	•	_	
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/09/2012	SAMUEL EUBANKS
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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	art I   Annual Report	Identification Information				
For	calendar plan year 2011 or fis	scal plan year beginning	01/01/	2011 and ending		12/31/2011
Α	This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final i	return/report		
	·	an amended return/report	a short pla	an year retum/report (less than 12 n	onths	)
C	Check box if filing under:	X Form 5558		c extension		DFVC program
	Chook box ii ming dilder.	special extension (enter description	-	o extención		
D	art II Basic Plan Info	rmation—enter all requested inform				
سنتنب	Name of plan	imation—enter all requested inform	ation		16	Three-digit
		P.S.C. 401K PROFIT SHA	ARING P	NA,T	10	plan number
	,					(PN) ▶ 002
•					1c	Effective date of plan
						01/01/2005
Za	Plan sponsor's name and add banks & Marshall,	dress; include room or suite number (e	employer, it	f for a single-employer plan)	2b	Employer Identification Number
		1.5.0.			2-	(EIN) 61~0974258
13	6 West Market Stre	eet			ZC	Sponsor's telephone number 502-585-5325
					2d	Business code (see instructions)
Lo	uisville	KY 40202-1332				621111
<u>3</u> a	Plan administrator's name an	d address (if same as plan sponsor, e P.S.C.	nter "Same	∋")	3b	Administrator's EIN
EU.	BANKS & MARSHALL,	P.S.C.			<u></u>	61-0974258
	6 WEST MARKET STRE UISVILLE	ET KY 40202-1332			3с	Administrator's telephone number 502-585-5325
4	*****	plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan num	nber from the last return/report.		. ,		-
	Sponsor's name					PN
	· · · · · · · · · · · · · · · · · · ·	at the beginning of the plan year				17
		at the end of the plan year	5		5b	17
С	Number of participants with a	account balances as of the end of the	plan year (	defined benefit plans do not	5c	10
6a		during the plan year invested in eligib				X Yes No
		the annual examination and report of				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditi	ions.)	······,	X Yes No
		her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
	rt III Financial Inform	ation	Takorgus usidā	<del></del>	-	
7	Plan Assets and Liabilities		Charles Lines	(a) Beginning of Year		(b) End of Year
	•			5229	L 8	5,93292
b	•	71. f		F000	_	50000
		7b from line 7a)	7c	5229:	1.8	593292
8 a	Income, Expenses, and Trans Contributions received or received		Charles that	(a) Amount	75,14	(b) Total
u		ervable from.	. 8a(1)	294!	50	
	(2) Participants		. 8a(2)	5959	8	
	(3) Others (including rollover	s)		-	7	
b	Other income (loss)			-1089	91	
C	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c			78157
d	Benefits paid (including direct	trollovers and insurance premiums	· · · · · · · · · · · · · · · · · · ·			
			. 8d	778	33	
		ctive distributions (see instructions)	. 8e		_	
f		ers (salaries, fees, commissions)			4: .	금 발표로 느낄 바라를 보고 되었다.
g	•					
_		, 8e, 8f, and 8g)				7783
		ne 8h from line 8c)	8i			70374
J	ransters to (from) the plan (s	see instructions)	, si	•		

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Page	•	_	

	Form 5500-SF 2011 Page <b>2</b> -						
Pai	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of 2E 2F 2G 2J 2K 3D	Plan Charact	eristic C	odes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of F	Plan Characte	ristic Co	des in t	he instruction	าร:	
Par	t V Compliance Questions						
10	During the plan year:		Yes	No	Δ	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period de 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	escribed in 1	0a	Х			
b		reported	0b	х			
C			Oc X				90000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?	by fraud	0d	х			12.11
е		arrier,	De	×			
f	Has the plan failed to provide any benefit when due under the plan?	1	Of	Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	)q	Х			
h			)h	Х			
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	e -	0i	ę.			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction 5500))	ns and comple	te Sche	dule SE	3 (Form	☐ Yes	П №
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 o					<del></del>	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		******				L
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver.	see instructio	ns, and			e letter rul 'ear	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	to line 13.	Г	-			
b	Enter the minimum required contribution for this plan year	•••••		12b			
C	and plant journal and plant of the plant of the plant of the plant journal and plant		[	12c			
, d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	to the left of a		12d			
е	Will 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	Has a resolution to terminate the plan been adopted in any plan year?			□ /	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			:	
b	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) which assets or liabilities were transferred. (See instructions.)	), identify the p	olan(s) to	)			
	13c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)
Caut	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless	reasonable o	ause is	establ	ished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examine or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of tour it is true, correct, and complete.	ed this return/	report. ir	ncludin	a, if applicab	le, a Sche lowledge	edule and
SIG	N Samuel Engante 10 10/3/12 SAMUI	EL EUBAN	KS			-	
HER	SEE	name of indiv	idual sig	ning as	plan admini	strator	
SIG	N Samuel Engantes, MD (0/3/12 SAMUI	EL EUBAN	-				
HER	Signature of employer/plan sponsor Date / Enter	name of indiv	idual sig	ning as	employer or	r plan spc	onsor