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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries i		ice with the mond	cuons to the Form 55	UU-3F.				
Par			Identification Informati								
For ca	alenda	ır plan year 2012 or fis		1/01/2012		and ending	12/31/	2012 			
A Th	nis retu	urn/report is for:	a single-employer plan	Да	multiple-employer p	lan (not multiemployer))	a one-particip	oant plan		
B Th	nis retu	urn/report is:	the first return/report	L th	e final return/report						
			an amended return/report	t 📗 as	short plan year retur	n/report (less than 12 r	nonths)			
C Ch	neck b	ox if filing under:	X Form 5558	au	utomatic extension			DFVC progra	ım		
			special extension (enter d	description)							
Part	t II	Basic Plan Info	rmation—enter all requeste	d information	on						
		of plan					1b	Three-digit			
MARTII	N LAV	V OFFICES 401K PLA	ıN					plan number	004		
							10	(PN)	001		
							1c Effective date of plan 07/01/2008				
2a P	lan sp	onsor's name and add	dress; include room or suite nu	umber (emp	lover, if for a single	-employer plan)	2b	Employer Identi			
		W OFFICES, PSC	,		,,g			(EIN) 61-1161684			
							2c	Sponsor's telephone number			
167 WE	EST M	IAPLE STREET						606-349-6171			
SALYE	RSVII	LLE, KY 41465-9651					2d	Business code (see instructions)		
								54111			
			nd address Same as Plan S _l	ponsor Nan	ne Same as Plai	n Sponsor Address	3b	Administrator's	EIN 61684		
ARTIN	LAW	OFFICES, PSC		EST MAPL	E STREET KY 41465-9651		30		telephone number		
			JALTI	LIXOVILLE,	103-9031		30	606-349			
			e plan sponsor has changed si		return/report filed f	or this plan, enter the	4b	EIN			
		EIN, and the plan nun or's name	nber from the last return/repor	t.			4c PN				
			at the beginning of the plan ye	ear							
			at the end of the plan year				. 5b		4		
			account balances as of the end				30		-		
					•	•	. 5c		4		
		•	s during the plan year invested	-	•	,			X Yes No		
			the annual examination and re						X Yes No		
			? (See instructions on waiver e						M 103 140		
			or incomplete filing of this re								
			her penalties set forth in the ins						able a Schedule		
SB or	Sche	dule MB completed ar	nd signed by an enrolled actua								
belief,	, it is tı	rue, correct, and comp	olete.								
SIGN		Filed with authorized/v	valid electronic signature.		10/15/2013	TODD MARTIN					
HERE		Signature of plan ac	dministrator		Date	Enter name of indivi	dual sid	nning as plan adr	ninistrator		
SIGN		organization primitiva			24.0		aaa. 0.,	grining at prair aur			
HERE		Signature of employ	ver/plan enoneor		Date	Enter name of indivi	dual ci	anina as employe	r or plan enoneor		
Prepa	rer's r		ame, if applicable) and addres	ss; include r					number (optional)		
-1-0		- (· · · · · · · · · · · · · · · · · ·	, 11	,		(1 /			() [

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Ye			(b) End of Year				
а	tal plan assets			38			48546			
	Total plan liabilities	ies								
С	Net plan assets (subtract line 7b from line 7a)	7c	4283	42838					4854	46
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	ı	
	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	570	8						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							570)8
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
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								0
i	Net income (loss) (subtract line 8h from line 8c)	8i							570	08
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:	
Daw	V Compliance Questions									
Part	•				V	NI -				
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tiono with:	n the time period described in	1	Yes	No		An	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?	-	-	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a					X				
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X				
i	2520.101-3.)			10h						
Part	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
11	Is this a defined benefit plan subject to minimum funding requirem							T	7 v-	
112	5500) and line 11a below)									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		and e	enter the Dav	ne date o	f the I Ye		uling
If	granting the waiver									
	b Enter the minimum required contribution for this plan year									
		-		_			_			

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	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 a negative amount)	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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 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).

OMB Nos. 1210-0110

2012

This Form is Open to Public

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part Annual Report Identification Information									
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012									
A Elisa (Clarimoport is lot).									
B This return/report is:	ne first return/report	the final return/report							
∐ a	n amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C Check box if filing under:	om 5558	automatic extension		DFVC program					
special extension (enter description)									
Part II Basic Plan Informat	ion—enter all requested informa	ation	······································						
1a Name of plan	1b Three	:-digit							
MARTIN LAW OFFICES 401K	PLAN			1	number 001				
				(PN)	<u> </u>				
					tive date of plan 1/2008				
2a Plan sponsor's name and address;	include room or suite number (ei	nployer, if for a single	employer plan)	2b Emplo	over Identification Number				
MARTIN LAW OFFICES, PSC				(EIN)	61-1161684				
				2c Spons	sor's telephone number				
167 WEST MAPLE STREET					-349-6171				
SALYERSVILLE K	Y 41465-9651			1	ess code (see instructions)				
3a Plan administrator's name and add		По	- Construction of the cons	5411					
MARTIN LAW OFFICES, PSC	The second of the second second with the second sec	ame: Usame as Plai	Sponsor Address	3b Administrator's EIN 61-1161684					
MARTIN LAW OFFICES, PSC				3C Administrator's telephone number					
167 WEST MAPLE STREET				606-349-6171					
201 RD2 Part DD OTRADA									
SALYERSVILLE K	Y 41465-9651								
4 If the name and/or EIN of the plan		est return/report filed for	or this plan, enter the	4b EIN					
name, EIN, and the plan number fr	om the last return/report.								
a Sponsor's name	hosinates of the sleen was			4c PN					
5a Total number of participants at the				5a	4				
b Total number of participants at the				5b	4				
C Number of participants with accour complete this item)	it balances as of the end of the p	lan year (defined bene	fit plans do not	5c	4:				
6a Were all of the plan's assets during									
b Are you claiming a waiver of the ar	nnual examination and report of a	n independent qualifie	d public accountant (IQ	PÁ)					
under 29 CFR 2520.104-46? (See	instructions on waiver eligibility a	nd conditions.)			X Yes No				
If you answered "No" to either li									
Caution: A penalty for the late or inco									
Under penalties of perjury and other per SB or Schedule MB completed and sign	talties set forth in the instructions and by an enrolled actuary, as we	, I declare that I have It as the electronic ver	examined this return/rep	ort, including	j, if applicable, a Schedule				
belief, it is true, correct, and complete.	ad by an emoned detadily, as we	a do me electronic ver	sion or this returnineport	, and to the t	rest of my knowledge and				
SIGN X	522	y 10/14/13	Todd Martin						
HERE Signature of plan adminis	// Olso	7							
		Date X /0//4/13	Enter name of individu	uai signing as	s pian administrator				
HEDE -	140 × 6								
Signature of employer/pla Preparer's name (including firm name, it		s employer or plan sponsor telephone number (optional)							
is the man a second functioning mentioning in	-Established and aloness' method	· romeons and multipe	LeSide int.	, reparers t	orehiotic national (obtional)				
				:					
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Pa	Part III Financial Information								
7_	Plan Assets and Liabilities		(a) Beginning of Yea	er		(b) End of Year			
_ a	Total plan assets	7a		4283	38		48546		
<u>b</u>	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c		428	38		48546		
8	Income, Expenses, and Transfers for this Plan Year	ome, Expenses, and Transfers for this Plan Year (a) Amount							
а 	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		570	98				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			\perp		5708		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e			╅				
	Administrative service providers (salaries, fees, commissions)	8f			-				
	Other expenses	8g			╁				
	Total expenses (add lines 8d, 8e, 8f, and 8g)				+		0		
	Net income (loss) (subtract line 8h from line 8c)				+		5708		
Ť	Transfers to (from) the plan (see instructions)	8i			╅		2,00		
Dai		, 0	<u> </u>						
9a	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 3D								
þ	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	a 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)					x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?		***************************************	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	er person	s by an insurance carrier, efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			1Ch		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	101					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	(Form Yes No		
11a	1a Enter the amount from Schedule SB line 39								
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	a 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 Scheduk								
<u>b</u>	b Enter the minimum required contribution for this plan year								

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	Enter the amount contributed by the employer to the plan for the	his olan vear		_	12c	· 			
d	Subtract the amount in line 12c from the amount in line 12b. Enegative amount)	12d							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A	
Part									
13a	Has a resolution to terminate the plan been adopted in any plan ye	er?		******************************		Yes X	No		
	if "Yes," enter the amount of any plan assets that reverted to t				13a	1			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						∏ Yes	X No	
C	If during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)				lo				
1	3c(1) Name of plan(s):			1;	3c(2) E	EIN(s)	13c(3	13c(3) PN(s)	
								•	
Dart	VIII Trust Information (optional)								
						1441			
						14b Trust's EiN			