

Form 5500-SF Prospecting Shortcuts

Prospect more efficiently by quickly scanning these public filings for plan takeovers, rollover opportunities and more. In addition to the data available at freerisa.com, you can search the DOL Efast system @ www.efast.dol.gov for electronically filed form 5500s.

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan
OMB No. 1545-0048 01-10-2008

2009
This Form is Open to Public Inspection

Part I Annual Report Identification Information
For calendar year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Part II Basic Plan Information

1a Name of plan: ABC Company, Inc. 401K Plan
1b Three-digit plan number (PIN): 001
1c Effective date of plan: 01/01/2000
2a Plan sponsor's name and address (complete, if for single-employer plan): ABC Company, Inc., 123 Any Street, Birmingham, AL 35203
2b Employer identification number (EIN): 12-3456789
2c Plan sponsor's telephone number (202) 555-1234
2d Business code (see instructions): 521900
3a Administrator's EIN
3b Administrator's telephone number
3c Administrator's PIN
4b EIN
4c PIN

Part III Financial Information

7 Plan Assets and Liabilities

	(a) Beginning of Year	(b) End of Year
7a Total plan assets	400,000	733,320
7b Total plan liabilities		
7c Net plan assets (subtract line 7b from line 7a)	400,000	733,320

8 Income, Expenses, and Transfers for the Plan Year

	(a) Amount	(b) Total
8a Contributions received or receivable from:		
(A) Employers	60,000	
(B) Participants	74,000	
(C) Others (including rollovers)	150,000	
8b Other income (loss)	56,320	
8c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		340,320
8d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	25,000	
8e Certain deemed and/or corrective distributions (see instructions)	1,500	
8f Administrative service providers (advisors, fees, commissions)	0	
8g Other expenses	500	
8h Total expenses (add lines 8d, 8e, 8f, and 8g)		27,000
8i Net income (loss) (subtract line 8h from line 8c)		313,320
8j Transfers to (from) the plan (see instructions)		

Form 5500-SF 2009 Page 2

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.
9b 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	Amount
10a Has there been a failure to deposit to the plan any participant contributions within the time period described in 29 CFR 2510.3-602? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,500
10b Have there been any non-exempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10c Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100,000
10d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10e Were any fees or commissions paid to any broker, agent, or other person for an insurance contract, insurance service or other arrangement that provides some or all of the benefits under the plan? (See instructions.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7,000
10f Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10i If this was answered "Yes," check the box if you either printed the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500).)

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below as applicable.)

12a If a year of the minimum funding standard for a prior year is being waived in this plan year, see instructions, and enter the date of the letter ruling granting the waiver: Month Day Year

12b Enter the minimum required contribution for this plan year: 12b

12c Enter the amount contributed by the employer to the plan for this plan year: 12c

12d 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

12e 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 during the plan year or any prior year? (If "Yes," enter the amount of any plan assets first transferred to the employer this year.) Yes No

13b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

13c 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.)

13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) PIN(s)

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 HERE Signature of plan administrator Date John A. Smith
SIGN HERE Signature of employer plan sponsor Date Enter name of individual signing as employer or plan sponsor

Part II; Lines 5a, 5b & 5c - Total number of participants

- Educational opportunities.
- Increased enrollment, participation, etc.
- Participants with balances - Rollover opportunities?

Part III; Line 7c & 8g - Net assets of the plan and other plan expenses.

- Net assets - How great are the assets compared to participant numbers?
- Other expenses - Fees paid out of the plan. Example: TPA admin fees.

Part IV; Line 9a - Plan characteristic codes. These codes describe if the plan is:

- A profit sharing plan;
- Trustee or participant directed;
- 401(k);
- Safe Harbor; etc.

A complete list of codes is available @ <http://www.irs.gov/instructions/i5500sf/ar02.html>

Part V; Line 10a - A "yes" means there was a failure to make timely deposits to the plan. Perhaps the advisor has a solution?

Part V; Line 10e - This includes the yearly total of commissions paid out of the plan to brokers, agents and others.



Retirement Plan Design and Administration

Visit us online @ www.plantech-online.com

© 2011 PlanTech, LLP

Plantech, LLP • 2205 Cahaba Valley Drive • Birmingham, Alabama • 35242

For additional information, e-mail
Bridget at bridget@plantech-online.com
or call us at 205.980.1603
Toll Free 888.723.401K