

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2003</u> and ending <u>12/31/2003</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information							
1a Name of plan HARDIN DELIVERY, INC. RETIREMENT SAVINGS PLAN		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1995</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 10/01/1995			
1b Three-digit plan number (PN) ►	001							
1c Effective date of plan 10/01/1995								
2a Plan sponsor's name and address (employer, if for single-employer plan) HARDIN MOVING & DELIVERY, INC. HARDIN DELIVERY, INC. 101 MAGNET DRIVE ELIZABETHTOWN, KY 42701		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) 61-1104773</td> <td style="width:40%;"></td> </tr> <tr> <td>2c Plan sponsor's telephone number 270-765-4909</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 484120</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 61-1104773		2c Plan sponsor's telephone number 270-765-4909		2d Business code (see instructions) 484120	
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2c Plan sponsor's telephone number 270-765-4909								
2d Business code (see instructions) 484120								
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") HARDIN MOVING & DELIVERY, INC. 101 MAGNET DRIVE ELIZABETH, KY 42701		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN 61-1104773</td> <td style="width:40%;"></td> </tr> <tr> <td>3c Administrator's telephone number 270-765-4909</td> <td></td> </tr> </table>	3b Administrator's EIN 61-1104773		3c Administrator's telephone number 270-765-4909			
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3c Administrator's telephone number 270-765-4909								
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN								
4c PN								
5a Total number of participants at the beginning of the plan year		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5a</td> <td style="width:40%; text-align: right;">33</td> </tr> </table>	5a	33				
5a	33							
b Total number of participants at the end of the plan year		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5b</td> <td style="width:40%; text-align: right;">36</td> </tr> </table>	5b	36				
5b	36							
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5c</td> <td style="width:40%; text-align: right;">18</td> </tr> </table>	5c	18				
5c	18							
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								

Part III	Financial Information		
7 Plan Assets and Liabilities			
		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	136110	190914
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	136110	190914
8 Income, Expenses, and Transfers for this Plan Year			
		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	13936	
(2) Participants	8a(2)	36154	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	29641	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		79731
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23946	
e Certain deemed and/or corrective distributions (see instructions)	8e	981	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		24927
i Net income (loss) (subtract line 8h from line 8c)	8i		54804
j Transfers to (from) the plan (see instructions)	8j		

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 3E

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	During the plan year:	Yes	No	Amount
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? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	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.)	X		1362
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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		X	

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)) ☐ Yes ☒ No

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 ☒ No
(If "Yes," complete 12a or 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. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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

e 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? ☐ Yes ☒ 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 control of the PBGC? ☐ Yes ☒ No

c 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)

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	Filed with authorized/valid electronic signature.	05/13/2010	RANDY CARLTON
	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

**SCHEDULE P
(Form 5500)****Annual Return of Fiduciary
of Employee Benefit Trust**

Official Use Only

OMB No. 1210-0110

2003**This Form is
Open to Public
Inspection.**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Department of the Treasury
Internal Revenue Service► **File as an attachment to Form 5500 or 5500-EZ.**

For the trust calendar year 2003
or fiscal trust year beginning

and ending

Please type or print**1a** Name of trustee or custodian

HARDIN MOVING & DELIVERY, INC. DBA

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

6269 N DIXIE HIGHWAY

c City or town

ELIZABETH

State

ZIP code

KY

427018886

2a Name of trustGROUP ANNUITY CONTRACT(S) FOR HARDI
N DELIVERY, INC. RETIREMENT SAVINGS**b** Trust's employer identification number

420127290

3 Name of plan if different from name of trustHARDIN DELIVERY, INC. RETIREMENT SA
VINGS PLAN**4** Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

X

Yes

No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ

611104773

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of fiduciary**SIGN HERE**

Date

28 July 2004

For Paperwork Reduction Act Notice and OMB Control Nos., see the inst. for Form 5500 or 5500-EZ. Cat. No. 13504X Schedule P (Form 5500) 2003

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**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2003

**This Form is Open to
Public Inspection.**

For the calendar plan year 2003
or fiscal plan year beginning

and ending

A Name of plan

HARDIN DELIVERY, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number

001

C Plan sponsor's name as shown on line 2a of Form 5500

HARDIN MOVING & DELIVERY, INC. DBA

D Employer Identification Number

611104773

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). }

420127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?

Yes

No

N/A

If the plan is a defined benefit plan, go to line 7.

5 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 ruling letter granting the waiver. ►

If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year

b Enter the amount contributed by the employer to the plan for this plan year

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount.)

If you completed line 6c, do not complete the remainder of this schedule.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24419B Schedule R (Form 5500) 2003

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7

If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change, or a class ruling letter, does the plan sponsor or plan administrator agree with the change?

Yes

No

N/A

Part III

Amendments

8

If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased the value of benefits? (see instructions)

Yes

No

2 1 0 3 D P 0 2 0 3

