

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>			
Part I Annual Report Identification Information							
For calendar plan year 2010 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006							
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				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				2b Employer Identification Number (EIN)		61-1104773	
				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				3b Administrator's EIN		61-1104773	
				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				4b EIN			
				4c PN			
5a Total number of participants at the beginning of the plan year .....				5a		43	
b Total number of participants at the end of the plan year.....				5b		43	
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....				5c		24	
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		314607		425711	
b Total plan liabilities.....		7b					
c Net plan assets (subtract line 7b from line 7a).....		7c		314607		425711	
8 Income, Expenses, and Transfers for this Plan Year				(a) Amount		(b) Total	
a Contributions received or receivable from:							
(1) Employers .....		8a(1)		22885			
(2) Participants .....		8a(2)		56324			
(3) Others (including rollovers).....		8a(3)					
b Other income (loss).....		8b		53775			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....		8c				132984	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....		8d		21880			
e 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				21880	
i Net income (loss) (subtract line 8h from line 8c).....		8i				111104	
j Transfers to (from) the plan (see instructions) .....		8j					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2010)  
v.092308.1

**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
<b>a</b>	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) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1190
<b>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b>	Was the plan covered by a fidelity bond? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50000
<b>d</b>	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"/>	
<b>e</b>	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.) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1857
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b>	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"/>	
<b>i</b>	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 .....	<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)) ..... ☐ 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>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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) .....	<b>12d</b>	

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/13/2010	RANDY CARLTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**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 sections 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

**2006**

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

For calendar year 2006 or fiscal plan year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>A</b> Name of plan HARDIN DELIVERY, INC. RETIREMENT SAVINGS PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 HARDIN MOVING & DELIVERY, INC. DBA	<b>D</b> Employer Identification Number 61-1104773

**Part I Distributions**

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	<b>1</b> \$
<b>2</b> 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). 42-0127290	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	<b>3</b>

**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. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

<b>6a</b> Enter the minimum required contribution for this plan year	<b>6a</b> \$
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year	<b>6b</b> \$
<b>c</b> 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)	<b>6c</b> \$

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

**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 or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) ☐ Increase ☐ Decrease ☐ No

**Part IV Coverage (See instructions.)**

**9** Check the box for the test this plan used to satisfy the coverage requirements ☐ the ratio percentage test ☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule R (Form 5500) 2006

