Berner of the Teach     Interview of the Teach     Interview of the Teach     Interview of the Teach of the Teach of the Carbon     Interview of the Teach of the Carbon     Interview of the Teach of the Carbon     Interview     Interview of the Carbon     Interview of the Carb		Form 5500-SF						OMB Nos. 1210-0110 1210-0089	
Description         Description         Description           Percent beef Gamma         2 complete all entries in accordance with the instructions to the Form 5500-557.         This Form is Open to Public Inspection           Percent beef Gamma         1 complete all entries in accordance with the instructions to the Form 5500-557.         This Form is Open to Public Inspection           Part I         A multi Report Learning on the instructions to the Form 5500-557.         In a number of part of the part of t			Benefit Plan				2011		
Part I       Annual Report Vertication Information         For ellending plan year 2011 of lises plan year beginning       (10/2011)       and ending       (12/2011)         For ellending plan year 2011 of lises plan year beginning       (10/2011)       and ending       (12/2011)         B       This return/report is       In ending-return/report       an unmode dreaming term       (10/2011)         B       This return/report is       In ending return/report       a third return/report       a third return/report         B       This return/report is       In a unmode dreaming (retr description)       DPVC program         Part II       Basic Plan Information       Third ellenytein       In unmode in the description)         Part II       Basic Plan Information       Third ellenytein       In unmode in the description)         Part II       Description       State retro description)       Description         II       Description       State retro description)       Description         II       Description       Description       State retro description         III       Description       State retro description       Description         III       Description       State retro description       Description         IIII       Description       Description       Description	En	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605					This Form is Open to Public		
For catanoiar plan year 2010 r fixed plan year beginning       0.001/2011       and ending       0.001/2011         A This returningport is to:       In a single-employer plan       In unable employer plan (not multiemployer)       Is a one-participant plan         B This returningport is:       In a memodal returningport       In a single-employer plan (not multiemployer)       Is a one-participant plan         B This returningport is:       In a memodal returningport       Is one participant plan       Is one-participant plan         B A This returningport is:       In a memodal returningport       Is one-participant plan       Is one-participant plan         B A This returningport is:       In the first rotuningport       Is one-participant plan       In the first rotuningport         B A Annotation and the second returning on the first rotuning on the second returning on the first rotuning on the first rotunin	P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 5500	D-SF.	Ins	pection	
A       This return/report is in the first eturn/report in the first eturn/report is in the first eturn/report is in a mended return/report is in a mend aname return/report is in a mended return/report is in									
A This featuring on a set of the plan space of the pl	For	calendar plan year 2011 or fisca			<b>C</b>	2/31/2			
C Otteck box if Hilling under:	Α -	This return/report is for:					a one-partici	pant plan	
C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Informationenter all requested information       1a Nume of plan       10 Three-dig       plan number         12 Nume of plan       10 Three-dig       plan number       001       1C Effective date of plan         13 Nume of plan       10 Three-dig       plan number       001       1C Effective date of plan         14 Nume of plan       0103/1972       2D Employer Mentleation Number       0103/1972         2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan)       2D Employer Mentleation Number         HUDDLESTON & VAN ZANT, PSC       2919 RING ROAD       22 Sing RING ROAD       22 Sing RING ROAD         ELIZABETHTOWN, KY 42701       2919 RING ROAD       219 RING ROAD       219 RING ROAD         BubDoLESTON & VAN ZANT, PSC       2919 RING ROAD       219 RING ROAD       20 Sing RING ROAD         Classes       219 RING ROAD       219 RING ROAD       219 RING ROAD       20 Sing RING ROAD         Classes       219 RING ROAD       219 RING ROAD       219 RING ROAD       20 Sing RING ROAD         Classes       219 RING ROAD       219 RING ROAD       20 Sing RING ROAD       20 Sing RING ROAD         Classeston and address of tame as plan sponsor, enter	<b>B</b> -	This return/report is:			·				
Image: Section of the plan sponsor's name and address (if same as plan sponsor, enter "Same")       Ib Time-digit plan number (employer, if for a single-employer plan)         PUDDLESTON & VAN ZANT, PSC PROFIT SHARING PLAN       Ib Time-digit plan number (entropy entropy ent			an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	)		
Part II       Basic Plan Information—enter al requested information         1a Name of plan       1b Three-digit plan number (PR)       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       1c Effective date of plan         HUDDLESTON & VAN ZANT, PSC       201 PlaNC ROAD       2b Employer (dentification Number (EIN)         249 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2c Sponsor's telephone number 270-737-9088         241 Plan Sponsor's name and address (if same as plan sponsor, enter "Same")       2d Business code (see instructions)         241 If the name and/or EIN of the plan sponsor has changed since the last return/report field for this plan, enter the asponsor's name       3b Administrator's name cont address of the appendic plan vertice on waver eligibility and control plant sponsor in anter the tast return/report field for this plan, enter the asponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5c       6         6a Ween at of the plan system constant is not the plan year (defined benefit plans do not scole)       6       9         5b G       6       6       6         6a Ween at of the plan system constant is adjuble assets? (See instructions.)       9       9         5c I       7a       282775       233871         6 Number of participants is the begin ing of the plan year invest	C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	im	
1a Name of plan HUDDLESTON & VAN ZANT, PSC PROPIT SHARING PLAN       1b Three-digit (PN) →       001         2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) HUDDLESTON & VAN ZANT, PSC       2b Employer Identification Number (EN) & 003/972         2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) HUDDLESTON & VAN ZANT, PSC       2b Employer Identification Number (EN) & 010/2002         2a Plan administrator's name and address (if same as plan sponsor, enter 'Same') HUDDLESTON & VAN ZANT, PSC       2b Singles RAD ELIZABETHTOWN, KY 42701       2b Singles RAD ELIZABETHTOWN, KY 42701       3b Administrator's EN 61-0723800         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') HUDDLESTON & VAN ZANT, PSC       3b Administrator's EN 61-0723800       3c Administrator's EN 61-0723800         4 If the name and/or EIN of the plan sponsor has charged since the last return/report field for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's EN 61-0723800         5a       9       6         6a Were all of the plan sponsor has charged since the last return/report field for this plan, enter the name of participants with account blances as of the end of the plan year.       5a       9         6a Were all of the plan sastes during the plan year invested in eligible assets? (See instructions.)       If Yes [] No 7c       202/0737 2008         7 Plan Assets and Liabillities       7a       282/775       2				,					
HUDDLESTON & VAN ZANT, PSC PROFIT SHARING PLAN     plan number (PN)     001       2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HUDDLESTON & VAN ZANT, PSC     2b Employer (legnification Number (EIN)     2b Employer (legnification Number (EIN)     2c Sponsor's telephone number 270-573-6088       2ai Plan administrator's name and address (if same as plan sponsor, enter "Same") ELIZABETH TOWN, KY 42701     2b Employer (legnification Number 270-573-6088     2c Sponsor's telephone number 270-573-6088       3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ELIZABETH TOWN, KY 42701     3b Administrator's telephone number 270-573-6088       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.     3c Administrator's telephone number 270-573-6088       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 for mit lost return/report.     3c Administrator's telephone number 270-573-6088       6 Total number of participants at the end of the plan year     5a     9       6 Total number of participants at the end of the plan year     5a     9       6 Number of participants with seast during the plan year invested in eligible asset? (See instructions.)     Wes No       6 Arey coldining a valver of the annual examination and report of an independent qualified public accountation(ICPA)     Ves No       7 Plan Assets and Liabilities     7a <th>-</th> <th></th> <th>nation—enter all requested inform</th> <th>ation</th> <th></th> <th>41</th> <th></th> <th>l</th>	-		nation—enter all requested inform	ation		41		l	
(PN) →       001         23 Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       (PN) →       001         24 Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       (PN) →       001         25 Sponsor's telephone number       2707.37.0088       2207.37.0088         215 RING ROAD       210 SRING ROAD       210 SRING ROAD       210 SRING ROAD         214 Brain administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number         30 Plan administrator's telephone number       210 SRING ROAD       210 SRING ROAD         215 SRING FOLD       210 SRING ROAD       210 SRING ROAD         316 Administrator's telephone number       210 SRING ROAD       210 SRING ROAD         321 SRING FOLD       210 SRING ROAD       210 SRING ROAD         335 Administrator's telephone number       210 SRING ROAD       210 SRING ROAD         34 If the name and/or EIN of the plan sponsor, has changed since the last return/report filed for this plan, enter the annumber of participants with account balances as of the end of the plan sponsor, same       5c         35 C       5a       9       5b       6e         36 Were all of the plan's assets during the plan year       5c       5c       8a       9         37 Plan Assets and Lic		•				1b			
2a Plan sponsofs name and address; include room or suite number (employer, if for a single-employer plan)         0:003/1972           2b Employer identification Number (Employer, if for a single-employer plan)         2b Employer identification Number (ENN)           2119 RING ROAD         220 Stray 3088           2123 Plan administrator's name and address (if same as plan sponsor, enter 'Same')         2b Administrator's telephone number 20/373/9088           3a Plan administrator's name and address (if same as plan sponsor, enter 'Same')         3b Administrator's telephone number 20/373/9088           4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the asponsor is name         4c PN           5a Total number of participants at the beginning of the plan year         5a         9           5b Total number of participants at the doginning of the plan year         5a         9           6a Vere at 0 the plan's spensor has a of the end of the plan year         5a         9           5c Coll number of participants at the account balances as of the end of the plan year         5a         9           7a Total number of participants at the count tube invisot of an independent spallide public accountant (IOPA)         Yes No         No           7a 22775         223071         Yes No         No         Yes O' No' to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Yes No         No <t< th=""><th>HODI</th><th>DELOTON &amp; VAN ZANT, FOUP</th><th>ROFT SHARING FLAN</th><th></th><th></th><th></th><th></th><th>001</th></t<>	HODI	DELOTON & VAN ZANT, FOUP	ROFT SHARING FLAN					001	
2a       Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan)       2b       Employer identification Number (ENN)         2419 RING ROAD       2819 RING ROAD       2819 RING ROAD       220 2737-9088         2123AETHTOWN, KY 42701       2819 RING ROAD       2319 RING ROAD       2010 RING ROAD         213 Rink administrator's name and address (if same as plan sponsor, onter 'Same')       3b       Administrator's EIN         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 filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the fact for antioparts at the beginning of the plan year       4c       PN         5a       Total number of participants at the beginning of the plan year       5c       6c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       2 Vers       No         9 trotal number of participants with account balances as of the plan vear eligibility and conditions.)       2 vers       No         14 under 20 CFR 252.0104-46? (See instructions on waiver eligibility and conditions.)       2 vers       No         14 you anseed*       7a       2 82775       2 33871         5a I total number of participants is the plan cannot use Form 5500-SF and must instead use Form 5500.						1c	Effective date o	f plan	
HUDDLESTON & VAN ZANT, PSC       2819 RING ROAD       2819 RING ROAD       2819 RING ROAD         2819 RING ROAD       ELZABETHTOWN, KY 42701       2819 RING ROAD       2819 RING ROAD         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's talephone number         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. EN, and the plan number form the last return/report filed for this plan, enter the name. EN, and the plan number form the last return/report filed for this plan, enter the name. EN, and the plan number form the last return/report filed for this plan, enter the name. EN, and the plan number form the last return/report filed for this plan, enter the name. EN, and the plan number diparticipants at the edginning of the plan seat:       5a       9         5a Total number of participants at the edgin of the plan year.       5a       9       5b       5c       5a       9         5a Total number of participants at the edgin of the plan year.       5a       9       9       5b       5c       5a       9 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>									
2319 RING ROAD ELIZABETHTOWN, KY 42701       2919 RING ROAD ELIZABETHTOWN, KY 42701       220.737-9068         33 Plan administrator's name and address (if same as plan sponsor, enter "Same") HUDDLESTON & VAN ZANT, PSC       2319 RING ROAD ELIZABETHTOWN, KY 42701       33 Administrator's ElIN 6-10723360         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 for the last return/report filed for this plan, enter the name. EIN, and the plan number for the plan year       40 EIN         5a Total number of participants at the beginning of the plan year       5a       5a       9         5a Total number of participants at the edginning of the plan year       5a       5a       9         5b       6d       Were all of the plan sasets during the plan year invested in eligible assets? (See instructions).       Yes       No         6a vere all of the plan sasets during the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         7 Plan Assets and Liabilities       7a       282775       233871         7 Total plan assets (subtract line 7b from line 7a)       7c       282775       233871         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7c       283871       8d       -46662         9       6d       -46662       -46662			ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b			
ELIZABETHTOWN, KY 42701       ELIZABETHTOWN, KY 42701       Zd Business code (see instructions) 541110         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') HUDDLESTON & VAN ZANT, PSC       3b Administrator's EIN 61-0723360         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.       3b       Administrator's EIN 61-0723360         5a       Total number of participants at the beginning of the plan year       5a       9         5a       Total number of participants at the beginning of the plan year       5a       9         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No         9       Vers in the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No         9       Yes in the plan sasets during the plan year invested in eligible assets? (See instructions.)       Yes No         9       Yes in the plan sasets during the plan year invested in eligible assets? (See instructions.)       Yes No         9       Yes in the plan sasets during the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information       Yes 203871         7       Plan Assets and Liabilities       (a) Amount       (b) Total         10       Cha	2819	RING ROAD	2819 RING F	ROAD		2c			
HUDDLESTON & VAN ZANT, PSC     2819 RING ROAD ELIZABETHOWN, KY 42701     61-0723360       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.     4b EIN       5a     5a Total number of participants at the beginning of the plan year.     5a     5a       6     Were all of the plan's assets during the plan year.     5a     5a       6     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     No       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 250.104-46? (See instructions on waiver eligibility and conditions.)     Yes     No       Part III     Financial Information     7a     282775     233871       7     Plan Assets and Liabilities     7a     282775     233871       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       1     Expenses, and Transfers for this Plan Year     6a(2)     46662       6     Otter (nounding rollowers)     8a(3)     40       1     Total plan isabities     7b     233871       6     Total plan isabities     7b     233871       7     Part IIII     Financial Information     7c     282775     233871					<sup>′</sup> 42701		5411	10	
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.       4       B       EIN         a Sponsor's name       4c       PN       5a       5a       9         5a       Total number of participants at the beginning of the plan year.       5a       5a       9         5a       Total number of participants at the end of the plan year (defined benefit plans do not complete this item).       5a       6         6a       Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       See       6         6a       Ware all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA)       Yes       No         Mere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         f V out answerd "No" to either 6 aor 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       282775       233871         5			2819 RING R	OAD			61-07	23360	
armer, EIN, and the plan number from the last return/report.     4C     PN       a Sponsor's name     5a     4C     PN       5a     Total number of participants at the beginning of the plan year     5a     5a     5b     6       C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     5c     6       Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Styres     No       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     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       7 total plan assets (subtract line 7b from line 7a)     7c     282/75     2338/1       b Total plan isset (subtract line 7b from line 7a)     7c     282/75     2338/1       c Contributions received or receivable from:     (a) Amount     (b) Total       (a) Participants     8a(2)     (a) Amount     (b) Total       6     Contributions received or receivable from:     8a(1)     -46662       (b) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)     8c     -46662       c Total income (add lines 8a(1), 8a(2			ELIZABETHT	OVVIN, KY	42701	3c			
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a       9         b Total number of participants at the end of the plan year       5b       6         c Number of participants at the end of the plan year invested in eligible assets? (See instructions)       6         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       6         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       7 Yes       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       7 Yes       No         mder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       7 Yes       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       7       233871         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       233871         7 Total plan iabilities       7a       282775       233871         6 Nome, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       (1)       (1)         (1) Employers       8a(2)       (3)       46662       46662	4			ast return/	report filed for this plan, enter the	4b	EIN		
5a       Total number of participants at the beginning of the plan year	а					4c	PN		
b       Total number of participants at the end of the plan year		•	the beginning of the plan year				9		
c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b	Total number of participants at	the end of the plan year					6	
Complete this teth)       Yes         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes         6a       Were all of the plan 's assets during the plan year invested in eligible assets? (See instructions.)       Yes         6a       Were all of the plan 's assets during the plan year invested in eligible assets? (See instructions.)       Yes         7a       See 7       23871         7       Plan Assets and Liabilities       7a       282775         7       Plan Assets (subtract line 7b from line 7a)       7c       282775         7       C       282775       233871         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         Contributions received or receivable from:       8a(1)       (2) Participants       8a(2)         (3)       Other income (loss)       8a(3)       3d       46662         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -46662         6       Denterifts paid (including direct rollovers and insurance	С							6	
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Control of Contreci Control of Control of Con		1 /						<u> </u>	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes No	
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a282775233871bTotal plan liabilities7b	N							X Yes 🗌 No	
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       282775       233871         b       Total plan liabilities       7b       282775       233871         c       Net plan assets (subtract line 7b from line 7a)       7c       282775       233871         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2)       Participants       8a(2)       8a(3)       30         (3)       Others (including rollovers)       8a(3)       46662       -46662         C       Total income (loss)       8a(2), 8a(3), and 8b)       8c       -46662         G       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       140         e       Certain deemed and/or corrective distributions (see instructions)       8e       2102         g       Other expenses       8g       2102         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       2242         i       Net income (loss) (subtract line 8h from line 8c)       8i       -48904				orm 5500-	SF and must instead use Form 550	00.			
aTotal plan assets7a282775233871bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c2827752338718Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)(b) Total(2)Participants8a(2)8a(3)(3)Others (including rollovers)8a(3)-46662cTotal income (loss)8b-46662cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c-46662dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d140eCertain deemed and/or corrective distributions (see instructions)8e140gOther expenses8g140fAdministrative service providers (salaries, fees, commissions)8f2102gOther expenses (add lines 8d, 8e, 8f, and 8g)8h2242iNet income (loss) (subtract line 8h from line 8c)8i-48904			ation						
a Total plan liabilities	_						(b) End		
CNet plan assets (subtract line 7b from line 7a)		•			202113			200071	
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Total         (1)       Employers       8a(2)       (a) Amount       (b) Total         (2)       Participants       8a(2)       (a) Amount       (b) Total         (3)       Others (including rollovers)       8a(3)       -46662         b       Other income (loss)       8b       -46662         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -46662         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       140         e       Certain deemed and/or corrective distributions (see instructions)       8e       2102         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       2242         i       Net income (loss) (subtract line 8h from line 8c)       8i       -48904	_	•			282775			233871	
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d         f Administrative service providers (salaries, fees, commissions)       8f       2102         g Other expenses       8g       2102         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2242         i Net income (loss) (subtract line 8h from line 8c)       8i       -48904		• •	,				(b) 7		
(2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       140         e Certain deemed and/or corrective distributions (see instructions)       8e       2102         f Administrative service providers (salaries, fees, commissions)       8f       2102         g Other expenses       8g       2102         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2242         i Net income (loss) (subtract line 8h from line 8c)       8i       -48904	-						(5)	otai	
(3) Others (including rollovers)8a(3)b Other income (loss)8b-46662c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cc Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cd Benefits paid (including direct rollovers and insurance premiums to provide benefits)8de Certain deemed and/or corrective distributions (see instructions)8ef Administrative service providers (salaries, fees, commissions)8fg Other expenses8gh Total expenses (add lines 8d, 8e, 8f, and 8g)8hc Section (loss) (subtract line 8h from line 8c)8i				8a(1)		_			
b       Other income (loss)       8b       -46662         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -46662         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       140         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       2102         g       Other expenses       8g       2242         i       Net income (loss) (subtract line 8h from line 8c)       8i       -48904		(2) Participants		8a(2)					
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -46662         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       140         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       2102         g       Other expenses       8g       6         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2242         i       Net income (loss) (subtract line 8h from line 8c)       8i       -48904		(3) Others (including rollovers)	)	8a(3)		_			
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		. 8b	-46662				
to provide benefits)       8d       140         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f       2102         g       Other expenses       8g       2102         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2242         i       Net income (loss) (subtract line 8h from line 8c)       8i       -48904				8c				-46662	
e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       2102         g       Other expenses       8g       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       2242         i       Net income (loss) (subtract line 8h from line 8c)       8i       -48904	a			. 8d	140				
f       Administrative service providers (salaries, fees, commissions)       8f       2102         g       Other expenses	е			-					
b         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         2242           i         Net income (loss) (subtract line 8h from line 8c)         8i         -48904	f		· · · · · · · · · · · · · · · · · · ·		2102				
h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         2242           i         Net income (loss) (subtract line 8h from line 8c)         8i         -48904	g	Other expenses	·	8g					
	h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)					2242	
j Transfers to (from) the plan (see instructions)	i	Net income (loss) (subtract line	e 8h from line 8c)	8i				-48904	
	j	Transfers to (from) the plan (se	ee instructions)	8j					

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

Page 2 - 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 3D
- **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	ŀ	Amount	
а	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				х			
С	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 fidelity bond, that was caused by fraue or dishonesty?	10d		Х			
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		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i		Х			
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 Yes X No							
<ul> <li>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.)</li> <li>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</li></ul>							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Г	4.01			
b	Enter the minimum required contribution for this plan year			12b			
c d	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 12d						
e	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No ∏ N/A	
Part							
	Has a resolution to terminate the plan been adopted in any plan year?			Πy	′es X No		
ieu	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b       Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							0
<ul> <li>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.)</li> </ul>							
<b>13c(1)</b> Name of plan(s): <b>13c(2)</b> EIN(s)						13c(3) PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble cau	ise is	establ	ished.		
Unde	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	Filed with authorized/valid electronic signature.	07/01/2012	TEPHEN VAN ZANT		
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 Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0 Benefit Plan									
Internal Revenue Service This form is required to be filed under sections 104 and 4065					of the	Employee	<b>2011</b>			
Employ	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b)					and 6058(a)				
	byee Benefits Security Administration of the Internal Revenue Code (the Code). Security Administration Security Administratio						This Form is Open to Public Inspection			
Par		rt Identification Information						inspection		
For ca	alendar plan year 2011 or fi	iscal plan year beginning 01/01/2	011		and e	ndina 1	2/31/20	11		
	This return/report is for:		<u> </u>				a one-particip			
-	This return/report is:		nal return/re					antplan		
_					ort (les	s than 12 mon	ths)			
c c	Check box if filing under:		natic extens		•	E E	DFVC program	n		
		special extension (enter description)								
Par		formation - enter all requested informatic	on							
	lame of plan				1b	Three-digit				
HUD	DLESTON & VAN	ZANT, PSC PROFIT SHAR	ING PL	AN		plan number (	PN)	001		
					1c	Effective date				
0- 0							3/1972			
		ess; include room or suite number (employer, if for	single-emplo	yer plan)	2b		tification Numb	ber (EIN)		
пор	DLESTON & VAN	ZANT, PSC					723360			
281	9 RING ROAD						phone number			
201	J KING KOAD					<u>)-737-90</u>				
ELT.	ZABETHTOWN	KY 42701			Zu	Business code	e (see instructio	ons)		
		and address (if same as plan sponsor, enter *	Same*)		3h	Administrator'				
SAM	E					Administrator	5 EIN			
					3c	Administrator'	s telephone nu	mher		
								nbei		
4 If th	ne name and/or EIN of the	plan sponsor has changed since the last retu	Irn/report file	ed for this	4b	EIN				
		the plan number from the last return/report.								
<b>a</b> s	ponsor's name				4c	PN				
_										
		at the beginning of the plan year			<u>5a</u>					
		at the end of the plan year			5b	66				
IN IN		account balances as of the end of the plan y			_		_			
	enefit plans do not comple				5c		6			
		during the plan year invested in eligible asse the annual examination and report of an inde					X Ye	s 🗌 No		
		104-46? (See instructions on waiver eligibility	ependent qu	alified pub	lic acc	countant				
		ther 6a or 6b, the plan cannot use Form 55					X Ye	s 🗌 No		
Part	III Financial Info	rmation	oo-or and		au us	e Form 5500.				
<b>7</b> P	an Assets and Liabilities			(a) Be	qinnir	ng of Year	(b) End	of Year		
ат	otal plan assets					82,775		233,871		
<b>b</b> To	otal plan liabilities									
		e 7b from line 7a)	7c		2	82,775		233,871		
<b>8</b> In	come, Expenses, and Tran	isfers for this Plan Year		(;	a) Am	ount	(b) T	otal		
	ontributions received or rec	ceivable from:								
			8a(1)							
(3) h ~	) Others (including rollovers		8a(3)							
		SEE STATEMENT 1				46,662		10 000		
		, 8a(2), 8a(3), and 8b) llovers and insurance premiums to provide benefit:					-46,662			
		ective distributions (see instructions)				140	STATEME	N.I. 7		
		lers (salaries, fees, commissions)				2,102	CUD X ID 21/17	NT0T 2		
						4,104	STATEME	NT 5		
		, 8e, 8f, and 8g)	8g 8h					2,242		
i Ne	et income (loss) (subtract lir	ne 8h from line 8c)	8i					-48,904		
		see instructions)					·····	10,001		

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

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: 2E 3D
  - **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	Amoun	+
a Was there a failure to transmit to the plan any participant contributions within the time period described		1.00		Anour	<u> </u>
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a		x		
b Were there any nonexempt transactions with any party-in-interest? (Do not include		1			
transactions reported on line 10a.)	10b		x		
C Was the plan covered by a fidelity bond?	100		X	-	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that	100				
was caused by fraud or dishonesty?	10d		x		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insuranc	<u> </u>		- 23		·*
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?	10e		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions					
and 29 CFR 2520.101-3.)	10h		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	10i		x		
Part VI Pension Funding Compliance			<u>A</u>		
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruct	tions and	compl	oto	****	
Schedule SB (Form 5500))		compi	CiC	Yes	
2 Is this a defined contribution plan subject to the minimum funding requirements of section 4	12 of the C				
section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab					<b>.</b>
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye	e.)			L Yes	X No
ruling granting the waiver Month	ar, see ms				the lette
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski		Day	'	Year	
b Cash and the construction of the second state of the second stat					
	••••••	·····	126		
<ul><li>c Enter the amount contributed by the employer to the plan for this plan year</li><li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s</li></ul>	•••••	·····	12c		
the left of a pegative amount)	ign to				
the left of a negative amount (	•••••	L	12d		<del></del>
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
3a Has a resolution to terminate the plan been adopted in any plan year?		·····	1	Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another pla	n, or broug	ght			
under the control of the PBGC?	•••••	• • • • • • • • • • •	•••••	Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan	(s), identify	/ the p	lan(s) to	which assets or	
liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	1	3c(2) [	EIN(s)	13c(3)	PN(s)
	_				
aution: A penalty for the late or incomplete filing of this return/report will be assessed unles					
ter penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including,	if applicable, a	a Schedu	ile SB or Sc	hedule MB complete	d and
ned 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 t	rue, correct, a	nd comp	lete.		
intertant soft					
07/01/2012 STEPHEN V2	N ZAN	IT.			

HERE	ture of plan administrator	0//01/2012	STEPHEN VAN ZANT
- Signa		Date	Enter name of individual signing as plan administrator
SIGN			
HERE			
Signa	ture of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor