## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number SEARCY & STRONG FUNERAL HOME, INC. PROFIT SHARING PLAN (PN) ▶ 002 1c Effective date of plan 01/01/1986 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SEARCY & STRONG FUNERAL HOME, INC. 61-0566207 (EIN) 2c Sponsor's telephone number 606-593-5123 P.O. BOX 377 **BOONEVILLE, KY 41314** 2d Business code (see instructions) 812210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN SEARCY & STRONG FUNERAL HOME, INC. P.O. BOX 377 **BOONEVILLE, KY 41314** 3c Administrator's telephone number 606-593-5123 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1078056 624344 Total plan assets..... 7a 7b Total plan liabilities..... 1078056 624344 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... 1060 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -6391 **b** Other income (loss)..... 8b -5331 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 448000 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 381 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 448381 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -453712 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions) .....

Form	5500-	SF	201

Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Α	mour	nt	
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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X					2	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
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		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ					
h	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					
rt '	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Y	'es	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se					Y	'es	× No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se					Y	'es	-
а	· · · · · · · · · · · · · · · · · · ·	ctions,	ction 3	302 of	ERIS	A? e of the	e letter	ı r rulin	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	ction 3	302 of	ERIS	A? e of the	e letter	ı r rulin	X No
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, ith	and e	302 of	ERIS	A? e of the	e letter	ı r rulin	X No
a If y b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, th	and e	002 of Inter the Day	ERIS	A? e of the	e letter	ı r rulin	X No
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, ith of a	and e	nter the Day	ERIS	A? e of the	e letter	ı r rulin	X No
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions, th of a	and e	nter the Day	ERIS	A? e of the	e letter	ı r rulin	9 —
a  If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter the Day	ERIS	A? e of the	e letter 'ear _	ı r rulin	X No
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c 12d	ERIS	A? e of the	e letter 'ear _	ı r rulin	g —
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	ERIS	A? e of the	e letter 'ear _	ı r rulin	9 —
a  If y b c d e nrt '	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	noter the Day	ERIS	A? e of the	e letter 'ear _	r rulin	g N/A
a If y b c d e urt ' 3a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	noter the Day	ERIS	A? e of the	e letter 'ear _	r rulin	g
a  If y b c d e Irt ' Ba b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	noter the Day	ERIS he dat	A? e of the	No Y	r rulin	N/A
a If y b c d e art ' 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	nter ti Day	ERIS he dat	A? e of the	No Y	r rulin	N/A
a  If y b c d e art ' 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	nter ti Day	ERIS he dat	A? e of the	No Y	r rulin	N/A

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	RICHARD B. SEARCY
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

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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and	d ending	12/31/2011	
A B C	This return/report is:  the first return/report an amended return/report check box if filing under:  This return/report an amended return/report a short plan automatic ex	rn/report year retu	t urn/report (	ultiemployer) L	a one-participant pl nths) DFVC program	an
Da	rt II Basic Plan Information - enter all requested information					
-	Name of plan		1-	b Three-digit		
	ARCY & STRONG FUNERAL HOME, INC.			plan number	r(PN) • 0	02
	OFIT SHARING PLAN		1	C Effective date		
22	Plan sponsor's name and address; include room or suite number (employer, if for single-	employer	nlan) 2		entification Number (E	N)
	ARCY & STRONG FUNERAL HOME, INC.	ompio) or	-		0566207	101A
DL	and a binoid fortilla noise, since		2		elephone number	
Р.	O. BOX 377			06-593-5		
- To			2	2d Business co	de (see instructions)	
во	ONEVILLE KY 41314			812	210	
Name and Address of the Owner, where	Plan administrator's name and address (if same as plan sponsor, enter "Same"	)		3b Administrato	or's EIN	
SA	ME					
				3c Administrato	or's telephone number	
4 1	the name and/or EIN of the plan sponsor has changed since the last return/rep	ort filed	for this	tb EIN		
	lan, enter the name, EIN, and the plan number from the last return/report.			SECOND STREET		
1	Sponsor's name		4	1c PN		
5a	Total number of participants at the beginning of the plan year			5a	4	
	Total number of participants at the end of the plan year			5b	4	
C	Number of participants with account balances as of the end of the plan year (d		SEPORESCIA APPRICA			
	benefit plans do not complete this item)			5c	4	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (S	ee instru	uctions.)		Yes	☐ No
b	Are you claiming a waiver of the annual examination and report of an independ					
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and c					No
Б	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF art III Financial Information	and mu	ust instea	d use Form 5500	0.	
			(a) Beg	inning of Year	(b) End of Ye	ear
7	Plan Assets and Liabilities	7a	(a) beg	1078056	-	24344
	Total plan assets Total plan liabilities	7b		1070050		21011
	Net plan assets (subtract line 7b from line 7a)	7c		1078056	6	24344
8	Income, Expenses, and Transfers for this Plan Year	10	(a	) Amount	(b) Total	
	Contributions received or receivable from:					
	(1) Employers	8a(1)				
	(2) Participants	8a(2)		1060		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss) SEE STATEMENT 1	8b		-6391		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	no sikal			-5331
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) $\dots$	8d		448000	STATEMENT	2
е	Certain deemed and/or corrective distributions (see instructions)	8e		201	ama mara	
f	Administrative service providers (salaries, fees, commissions)	8f		381	STATEMENT	. 3
g	Other expenses	8g				140201
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				48381 53712
ļ	Net income (loss) (subtract line 8h from line 8c)	8i			- 4	23/12
-	Transfers to (from) the plan (see instructions)	8i				

Page	2-	
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Form	5500-SF	(2011)
FOIIII	3300-31	12011

Dort 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 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	The plan provided from 2								
Part	V Compliance Questions								
0	During the plan year:		Γ		Yes	No	А	mount	
a	Vas there a failure to transmit to the plan any participant co	ontributions within the ti	ne period described			х			
i	n 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fiduciary Cor	rection Program.)	10a		Λ			
	Nere there any nonexempt transactions with any pa					v			
	ransactions reported on line 10a.)			10b	v	X		2	00000
C	Was the plan covered by a fidelity bond?			10c	X	-			00000
	Did the plan have a loss, whether or not reimbursed					v			
,	was caused by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers,	agents, or other pers	ons by an insurance						
	carrier, insurance service or other organization that					x			
	the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due	under the plan?		10f					
g	Did the plan have any participant loans? (If "Yes," e	nter amount as of yea	ır end.)	10g	-	Х		and the second	
h	f this is an individual account plan, was there a blace	kout period? (See ins	structions			37			
	and 29 CFR 2520.101-3.)			10h		Х			
i	f 10h was answered "Yes," check the box if you eit	her provided the requ	ired notice or one			v			
- 11	of the exceptions to providing the notice applied un	der 29 CFR 2520.101	-3	10i		X			
Par	VI Pension Funding Compliance					1.1.			
11	ls this a defined benefit plan subject to minimum fu	nding requirements?	(If "Yes," see instruction	s and	comp	lete	Γ	Yes	X No
	Schedule SB (Form 5500))							res	IN INO
12	ls this a defined contribution plan subject to the min	nimum funding require	ements of section 412 o	t the (	ode (	or	Γ	Yes	X No
	section 302 of ERISA? (If "Yes," complete 12a or 12	2b, 12c, 12d, and 12e	below, as applicable.)				L	0.000,000,000	
a	If a waiver of the minimum funding standard for a p	rior year is being amo	rtized in this plan year, s	see ins	structi	ons, and	enter the		
	ruling granting the waiver.		Month		_ Da	У		ear	
	ou completed line 12a, complete lines 3, 9, and					401			
	Enter the minimum required contribution for this pla					12b			
	Enter the amount contributed by the employer to the					12c			
d	Subtract the amount in line 12c from the amount in					104			
	the left of a negative amount)					12d		No	N/A
	Will the minimum funding amount reported on line to the Plan Terminations and Transfer	c of Assats	ding deadline?			.   1	25	IVO	I IN/A
				-				Yes	X No
13a	Has a resolution to terminate the plan been adopte					13a		165	M NO
	If "Yes," enter the amount of any plan assets that r	everted to the employ	er this year			13a			
b	Were all the plan assets distributed to participants			וסום זכ	ugnt		Γ	Yes	X No
77720	under the control of the PBGC?				:6., the	alan(a)	to which a	_	
С	If during this plan year, any assets or liabilities were	transferred from this	plan to another plan(s),	ideni	ny trie	piari(s)	to writer a	155615 01	
	liabilities were transferred. (See instructions.)				40-10	V E1V(e)		10-10	PN(s)
1	3c(1) Name of plan(s):				130(2	EIN(s)		130(3	111(5)
							A		
_									
	tion: A penalty for the late or incomplete filing of			200111-0019					10162070+10021
	penalties of perjury and other penalties set forth in the instructions, I by an enrolled actuary, as well as the electronic version of this return						or Schedule N	MB complete	ed and
	10 1 1 m A				act of the second	N. 12 (S. M. 1885)			
SIG	X I UR	10-10-12	DICHARD B	CE	A D CT	7			
HER	( ) ( ) A (	Date	RICHARD B.  Enter name of individ				dministra	tor	
	Signature or plan aunimistrator V	Date	Litter Harrie Of Hidivid	uai si	grining a	o hidir c	ummoud		
SIGI	ı								
HER	Signature of employer/plan sponsor	Date	Enter name of individu	ial sic	nina s	s emple	ver or nla	n snoner	or
(	orginature or employer/plan sponsor	Date	Lines Harrie of marvial	au oil	, 0	- wilhir	you or pla	ייייייייייייייייייייייייייייייייייייייי	**