## 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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

**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 SHERMAN CARTER BARNHART PSC 401K PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 06/01/1983 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SHERMAN CARTER BARNHART PSC 61-0973444 (EIN) 2c Sponsor's telephone number 859-224-1351 2405 HARRODSBURG RD LEXINGTON, KY 40504-3329 2d Business code (see instructions) 541310 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 61-0973444 2405 HARRODSBURG RD SHERMAN CARTER BARNHART PSC LEXINGTON, KY 40504-3329 3c Administrator's telephone number 859-224-1351 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..... 86 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 (b) End of Year (a) Beginning of Year 12934986 12232547 Total plan assets..... 7a 7b Total plan liabilities..... 12934986 12232547 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: 240536 8a(1) (1) Employers ..... 374080 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -571914 **b** Other income (loss)..... 8b 42702 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 744691 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 450 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 745141 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -702439 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ......

F ~ ***	5500	CL	201	
Form	2200	-5-	701	

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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Ouring the plan year:  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)  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a	Yes	No		Am	ount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a						
on line 10a.)			X				
Was the plan covered by a fidelity bond?	10b		X				
	10c	X					50000
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				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e	Χ					181
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	10i						
Pension Funding Compliance							
s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	•			•		Yes	X N
						Yes	X N
	0. 00	0				1	ш
a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc-							
u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
Inter the minimum required contribution for this plan year			12b				
Enter the amount contributed by the employer to the plan for this plan year			12c				
· · · · · · · · · · · · · · · · · · ·			12d				
Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
II Plan Terminations and Transfers of Assets							
las a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
f "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			•		
Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol			Yes	XN
	ne plar	n(s) to				-	
,		130	(2) EII	N(s)		13c(3)	PN(s
n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	ished			
	Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Instructions.)  Has the plan failed to provide any benefit when due under the plan?  10g  Has the plan failed to provide any benefit when due under the plan?  10g  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h  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.  In Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 15500)).  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se 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 instructions, granting the waiver.  Month or 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 of a negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If "Yes," enter the amount of any plan	Instructions.)	Instructions.)	Instructions.)	10e	has the plan failed to provide any benefit when due under the plan?

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/28/2012	TODD WETZEL
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

	Annual Report Identification Information	6/01/20	111 and anding	05/31/2012
For				
A	This returnireport is for.	·	employer plan (not multiemployer)	a one-participant plan
В	This return report is:	the final re	•	
	an amended return/report	a short plar	year return/report (less than 12 mo	-
C	Check box if filing under: Form 5558	automatic	extension	DFVC program
	special extension (enter description	n)		
Pa	rt II Basic Plan Information—enter all requested informa	tion		
1a	Name of plan			1b Three-digit
	SHERMAN CARTER BARNHART PSC 401K			plan number (PN) • 001
	PROFIT SHARING PLAN			1c Effective date of plan
				06/01/1983
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b Employer Identification Number
	SHERMAN CARTER BARNHART PSC			(EIN) 61-0973444
				<b>2c</b> Sponsor's telephone number
	2405 HARRODSBURG RD			(859) 224-1351
			10504 2200	2d Business code (see instructions) 541310
***********	LEXINGTON		KY 40504-3329	3b Administrator's EIN
<i>3</i> a	Plan administrator's name and address (if same as plan sponsor, er SAME	ner Same	)	Administrator 5 Env
				3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the language. EIN, and the plan number from the last return/report.	ast return/r	eport filed for this plan, enter the	4b EIN
а	Sponsor's name			4c PN
	Total number of participants at the beginning of the plan year			<b>5a</b> 96
b	Total number of participants at the end of the plan year			<b>5b</b> 86
	Number of participants with account balances as of the end of the p			
C	Number of participants with account parameter as of the end of the f	olan year (d	ietined benefit plans do not	
	complete this item)			5c 85
	complete this item)	e assets?	(See instructions.)	X Yes No
	complete this item)	le assets? an indepen	(See instructions.)dent qualified public accountant (IQI	Yes No
6a	complete this item)	le assets? an indepen	(See instructions.)dent qualified public accountant (IQI	X Yes
6a b	complete this item)	le assets? an indepen	(See instructions.)dent qualified public accountant (IQI	X Yes
6a b	complete this item)	le assets? an indepen	(See instructions.)dent qualified public accountant (IQI	Yes No No No (b) End of Year
6a b	complete this item)	le assets? an indepen and conditi orm 5500-	(See instructions.)dent qualified public accountant (IQI ons.)SF and must instead use Form 55	Yes No No No (b) End of Year
6a b Pa	complete this item)	le assets? an indepen and conditi orm 5500-	(See instructions.)	Yes   No   No   No   No   No   No   No   N
6a b 7 a b	complete this item)	le assets? an indepen and conditi orm 5500-	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 55	Yes   No   No   No   No   No   No   No   N
6a b 7 a b	complete this item)	le assets? an indepen and conditi orm 5500-	(See instructions.)	Yes   No   No   No   No   No   No   No   N
6a b	complete this item)	le assets? an indepen and conditi orm 5500-  7a 7b 7c	(See instructions.)	
6a b 7 a b	complete this item)	le assets? an indepen and conditi orm 5500-  7a 7b 7c  8a(1)	(See instructions.) dent qualified public accountant (IQI ons.)	X Yes   No   No   No   No   No   No   No   N
6a b 7 a b	complete this item)	le assets? an indepen and conditi orm 5500-  7a 7b 7c  8a(1) 8a(2)	(See instructions.)	X Yes   No   No   No   No   No   No   No   N
6a b Paragraphic Company Compa	complete this item)	re assets? an independend condition 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year  12,934,98  12,934,98  (a) Amount  240,53	
6a b 7 a b cc 8 a	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8b	(See instructions.) dent qualified public accountant (IQI ons.)	
6a b P P R P R P R P R P R P R P R P R P R	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8b	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year  12,934,98  12,934,98  (a) Amount  240,53	
6a b 7 a b cc 8 a	Complete this item)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year  12,934,98  12,934,98  (a) Amount  240,53	
6a b P P R P R P R P R P R P R P R P R P R	Complete this item)	re assets? an independend condition 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year  12,934,98  12,934,98  (a) Amount  240,53  374,08	
6a b P 7 a b c c 8 a a b	Complete this item)	re assets? an independend condition 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year  12,934,98  12,934,98  (a) Amount  240,53  374,08	
6aa b	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	e assets? an independend condition 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year 12,934,98  12,934,98  (a) Amount  240,53 374,08	
6aa b	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	e assets? an independend condition 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year 12,934,98  12,934,98  (a) Amount  240,53 374,08	
6aa b	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	re assets? an independend condition 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.)  dent qualified public accountant (IQI ons.)  SF and must instead use Form 556  (a) Beginning of Year 12,934,98  12,934,98  (a) Amount  240,53 374,08	

Pai	t l'	t 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:  2E 2F 2G 2J 2K							
b	if	the plan provides welfare benefits, enter the applicable welfare featu	re codes from the List o	f Plan Charac	teristi	c Code	es in th	e instructions	S:
Par	t V	Compliance Questions				,,,,,,,			
10		During the plan year:				Yes	No	Ar	nount
а	ı V	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Program) .		10a		Х		-
k	<b>3</b> \/	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	Do not include transactio	ns reported	10b		Х		
c	:	Was the plan covered by a fidelity bond?			10c	Х			500,000
C	1 r	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was caus	sed by fraud	10d		Х		
€	<b>) (</b>	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insurance ne benefits under the pla	e carrier, an? (See	10e	Х			1,816
f		Has the plan failed to provide any benefit when due under the plan?			10f		Х		· · · · · · · · · · · · · · · · · · ·
		Did the plan have any participant loans? (If "Yes," enter amount as o			10g		Х		
	1	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29 Cl	FR	10h		Х		
i		If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one o	f the	10i				
Pai									
11	1	Is this a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see instruc	tions and com	plete	Sched	dule SE	3 (Form	□ v ☑ No
• • •		5500))		**********			*********	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No
12		Is this a defined contribution plan subject to the minimum funding re	quirements of section 4	12 of the Code	e or se	ection	302 of	ERISA?	Yes X No
	(	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	ole.)	inntn	ations	and	onter fi	he date of the	letter ruling
i	a I	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan ye	Mor	nth	5, and	Day	Y	ear
	: If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form 5500), and sl	kip to line 13.		-		T	
	b	Enter the minimum required contribution for this plan year	***************************************				12b		
	С	Enter the amount contributed by the employer to the plan for this pla	n year				12c		
	d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	ne result (enter a minus :	sign to the left	ofa	- 1	12d		
	e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No N/A
N. 11.		VII Plan Terminations and Transfers of Assets							
		Has a resolution to terminate the plan been adopted in any plan year? .			,,,,,,,,		<u>. []</u>	Yes X No	
-		If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year			13a			
***************************************	h	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?	ransferred to another pl	an, or brought	t unde	er the o	control		Yes X No
	С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another pla	an(s), identify	the pl	an(s) t	to		
***************************************		3c(1) Name of plan(s):			4	1	3c(2) E	EIN(s)	13c(3) PN(s)
									,
C	auti	ion: A penalty for the late or incomplete filing of this return/repo	ort will be assessed un	less reasona	ble c	ause i	s estal	blished.	hio a Cabadula
Ui SI	nde 3 or	er penalties of perjury and other penalties set forth in the instructions, r Schedule MB completed and signed by an enrolled actuary, as well f, it is true correct, and complete.	I declare that I have ex	amined this re	eturn/r	eport.	includi	ing, it applica	bie, a Schedule knowledge and
			12/24/201	ZRCIA B.	WA'	TKIN	S		
100	IGI			Enter name of		***************************************		as plan admi	nistrator
Signature of plan autimistrator									
	IGI		10 10 10					as employer	or plan sponsor
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan						o. p.d.: opolioo.			

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Form 5500-SF 2011