## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.				
Part I		<b>Identification Information</b>							
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012			
	turn/report is for:	a single-employer plan  the first return/report		olan (not multiemployer)		a one-participant plan			
<b>b</b> This ret	turn/report is:	님 '	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mg	onths)				
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter descri	ption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name	of plan				1b	Three-digit			
PALMER OII	L COMPANY 401K PF	ROFIT SHARING PLAN				plan number			
						(PN) • 001			
					1c	Effective date of plan			
<b>30</b> Diame		(described and a second as	. (l 'f ('		Ol-	06/01/1993			
PALMER OI		dress; include room or suite numbe	r (employer, if for a single	e-employer plan)	20	Employer Identification Number (EIN) 61-0964053			
					2c	Sponsor's telephone number			
1638 CLAY	STREET					270-827-1312			
HENDERSC	DN, KY 42420				2d	2d Business code (see instructions) 445120			
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	ın Sponsor Address	3b	Administrator's EIN			
					3c	Administrator's telephone 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					4b EIN				
	•	mber from the last return/report.			4c PN				
•	or's name				<del>                                     </del>				
		at the beginning of the plan year			5a	46			
<b>b</b> Total r	number of participants	at the end of the plan year			5b	42			
		account balances as of the end of t	' '	•	5c	27			
<b>6a</b> Were	all of the plan's asset	s during the plan year invested in el	igible assets? (See instru	ctions.)		X Yes No			
_		f the annual examination and report							
		? (See instructions on waiver eligibi				<del>-</del> -			
lf you	ı answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.			
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ıse is	established.			
		her penalties set forth in the instruc							
	true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rsion of this return/report	, and t	to the best of my knowledge and			
	I			Г					
SIGN	Filed with authorized	valid electronic signature.	03/06/2013	MARY A. GONNELLA					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ıning as plan administrator			
SIGN									
HERE	Signature of emplo	wor/plan spansor	Date	Enter name of individu	ual cia	ning as employer or plan sponsor			
Preparer's		name, if applicable) and address; inc				parer's telephone number (optional)			
	(	,		- (- /	1.56	(0000101)			

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Par	t III Financial Information								
	rt III   Financial Information Plan Assets and Liabilities	(a) Paginning of Voc					(h) End of Voor		
	Total plan assets	7a	(a) beginning of fea	(a) Beginning of Year			(b) End of Year 1216489		
	Total plan liabilities	7a 7b	107900	<i></i>			1210409		
	Net plan assets (subtract line 7b from line 7a)	7c	107980	)5			1216489		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	,,,			(b) Total		
	Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers								
	(2) Participants	(2) Participants							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	13351	9					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					219745		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8306	61					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					83061		
	Net income (loss) (subtract line 8h from line 8c)	8i					136684		
j	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Dow	V Compliance Overtions								
Part	•				Yes	No	A		
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		162	NO	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X			
b	, , , , , , , , , , , , , , , , , , , ,	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X			
С	Was the plan covered by a fidelity bond?			10c	X		150000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· ·	10d		X			
е									
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40-	Χ		0070		
	instructions.)			10e		Χ	2976		
f	Has the plan failed to provide any benefit when due under the plan			10f					
<u>g</u>		•	<u> </u>	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					X			
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	11a Enter the amount from Schedule SB line 39								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			, and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Infor	mation							
For calendar plan year 2012 or fiscal plan year beginning	01/01/20	12	and end	ing	12/31/201	2		
A This return/report is for:  B This return/report is:  X a single-employer the first return/report an amended return	port the fina	ple-employer plan (not al return/report : plan year return/repo			a one-participa	ant plan		
C Check box if filing under:  Form 5558  automatic extension  DFVC program  special extension (enter description)								
Part II Basic Plan Information - enter all req								
1a Name of plan			1b ⊤	hree-digit				
PALMER OIL COMPANY 401K PROF	PLAN	<b>-</b>	ffective da	er (PN)	001			
				06/	01/1993			
2a Plan sponsor's name and address; include room or suite nu PALMER OIL, INC.	mber (employer, if for sir	ngle-employer plan)	<b>2b</b> ∈		dentification Numb	er (EIN)		
1638 CLAY STREET			1	ponsor's 1 -827-1	telephone number L312			
HENDERSON KY 424	420		<b>2d</b> B		ode (see instructio	ns)		
3a Plan administrator's name and address X Same as P	Plan Sponsor Name X Sam	ne as Plan Sponsor Address	<b>3b</b> A	dministrat	or's EIN			
			<b>3c</b> A	dministrat	or's telephone nur	nber		
4 If the name and/or EIN of the plan sponsor has change	ed since the last return	n/report filed for this	<b>4b</b> ∈	IN				
plan, enter the name, EIN, and the plan number from t		•						
a Sponsor's name			<b>4c</b> P	N				
5a Total number of participants at the beginning of the	plan year		5a		46			
<b>b</b> Total number of participants at the end of the plan y	ear		5b		42			
C Number of participants with account balances as of	the end of the plan ye	ear (defined						
			5c		27			
6a Were all of the plan's assets during the plan year inv					X Ye	s 📙 No		
b Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-46? (See instructions	s on waiver eligibility a	and conditions.)				s No		
If you answered "No" to either line 6a or line 6b, t								
Caution: A penalty for the late or incomplete filing of Under penalties of perjury and other penalties set forth in Schedule SB or Schedule MB completed and signed by a my knowledge and belief, it is true, correct, and complete	the instructions, I dec an enrolled actuary, as	clare that I have exam	ined this	s return/re	port, including, if a			
SIGN May are Somella	3-6-13	MARY A. GO	NNEL	ιLA				
Signature of plan administrator	Date	Enter name of indivi	dual sigi	ning as pla	an administrator			
SIGN HERE			<del> </del>					
Signature of employer/plan sponsor	Date	Enter name of indivi	<del></del>		· · · · · · · · · · · · · · · · · · ·			
Preparer's name (including firm name, if applicable) and a	address; include room	n or suite number (opt	cional)   F	Preparer's	telephone number	(optional)		

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year	
а	Total plan assets	7a	1079805		305	1216489	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1079805		305	1216489	
8	Income, Expenses, and Transfers for this Plan Year	1841	(a) Amount			(b) Total	
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	23870				
	(2) Participants	8a(2)	62356				
tui	(3) Others (including rollovers)	8a(3)					
_b_	Other income (loss) SEE STATEMENT 1	8b	1	L335	19		
_c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				219745	
d	Benefits paid (including direct rollovers and insurance premiums to provide						
	benefits)	8d		830	61	STATEMENT 2	
е	Certain deemed and/or corrective distributions (see instructions)	8e					
_f_	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				83061	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				136684	
	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics	,					
Pa							
<u>10</u>	During the plan year:			Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time p	eriod des	cribed				
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct		ram.) 10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not income	clude					
	transactions reported on line 10a.)			<u> </u>	X		
	Was the plan covered by a fidelity bond?		10c	X		150000	
a	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond						
	was caused by fraud or dishonesty?			<u> </u>	X		
е	Were any fees or commissions paid to any brokers, agents, or other persons		i				
	carrier, insurance service or other organization that provides some or all of the	e benefits				0.056	
	the plan? (See instructions.)			X	77	2976	
	Has the plan failed to provide any benefit when due under the plan?			<del> </del>	X		
	Did the plan have any participant loans? (If "Yes," enter amount as of year en		10g	<u> </u>	X		
* 1	If this is an individual account plan, was there a blackout period? (See instruc		40.		<sub>v</sub>		
	and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required		10h		X		
•	of the exceptions to providing the notice applied under 29 CFR 2520.101-3		1		x		
Par	t VI Pension Funding Compliance		10i	Ц			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y	00 " 000	instructions and	oomn	loto		
• •	Schedule SB (Form 5500) and line 11a below)					Yes X No	
11a	Enter the amount from Schedule SB line 39				11a	Tes	
12	Is this a defined contribution plan subject to the minimum funding requirements of secti			n 302		A? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicate		0000 01 30000	טטב ו	1 21110/	103	
a	If a waiver of the minimum funding standard for a prior year is being amortized		olan vear see ins	structio	ons an	d enter the date of the letter	
	ruling granting the waiver.	•	lonth	Da		Year	
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form				<i>1</i>		
•	Enter the minimum required contribution for this plan year				12b		