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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Corporation Corporation	emplete all entries in accor	dance witl	h the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Identific	cation Information						
For	calendar plan year 2011 or fiscal plan y	rear beginning 07/01/201	1	and ending 0	6/30/2	012		
Α	This return/report is for:	gle-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	rst return/report	the final re	eturn/report				
	an ar	nended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under:	5558 X	automatic	extension		DFVC progra	m	
	· F	al extension (enter description						
_	<u></u>	\						
	art II Basic Plan Information	l—enter all requested inform	ation					
	Name of plan				1b	Three-digit		
W. B	RUCE COMBEST, PSC PROFIT SHAR	ING PLAN				plan number (PN)	001	
					10	Effective date of		
					10	07/01/		
	Plan sponsor's name and address; incl	ude room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identif	ication Numbe	r
W. B	BRUCE COMBEST, PSC					(EIN) 61-09	90421	
					2c	Sponsor's telep	none number	
402C	C RICHMOND ROAD N	402C RICHN	MOND ROA	AD N		859-986	6-4661	
BER	EA, KY 40403	BEREA, KY	40403		2d	Business code (see instruction	s)
						62121		
	Plan administrator's name and address			,	3b	Administrator's E		
W. BI	RUCE COMBEST, PSC	402C RICHN BEREA, KY		ID N	20			L
		,			30	Administrator's t 859-986		ber
4	If the name and/or EIN of the plan spo	nsor has changed since the	last return/i	report filed for this plan, enter the	4b	FIN		
-	name, EIN, and the plan number from							
а	Sponsor's name				4c	PN		
5a	Total number of participants at the beg	inning of the plan year			5a			2
b	Total number of participants at the end	of the plan year			5b			2
С	Number of participants with account ba							
	complete this item)			•	5c			2
6a	Were all of the plan's assets during th	e plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	3							
	under 29 CFR 2520.104-46? (See inst			•			X Yes	No
_	If you answered "No" to either 6a or	r 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550)0.			
Pa	art III Financial Information			T	1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
а	Total plan assets		. 7a	234560			241511	
b	Total plan liabilities		. 7b					
C	Net plan assets (subtract line 7b from	line 7a)	. 7с	234560			241511	
8	Income, Expenses, and Transfers for t	his Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from	om:						
	(1) Employers		. 8a(1)					
	(2) Participants		. 8a(2)					
	(3) Others (including rollovers)		. 8a(3)					
b	Other income (loss)		. 8b	6951				
С	Total income (add lines 8a(1), 8a(2), 8	a(3), and 8b)	. 8c				6951	
d	Benefits paid (including direct rollovers	and insurance premiums						
_	to provide benefits)							
e	Certain deemed and/or corrective distr							
f	Administrative service providers (salar	ies, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f, a	nd 8g)	. 8h					
i	Net income (loss) (subtract line 8h from	n line 8c)	. 8i				6951	
j	Transfers to (from) the plan (see instru	ictions)	. 8j					

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Form	5500	SF.	2011

Page 2 -	1	
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Part IV	Plan	Characteri	ietice
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- 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:

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • 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.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 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. • If 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. • If Yension Funding Compliance • Is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). • If you complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) • If you completed 12a or 12b, 12c, 12d, and 12e below, as applicable. • If you 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. • Enter the amount in the 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? • Will the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to the left of a negative amount). • Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?. • 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 transfer	During the plan year:							
29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	<u> </u>		Yes	No		Amo	unt	
c Was the plan covered by a fidelity bond?				X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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				
or dishonesty?	Was the plan covered by a fidelity bond?	10c	X				2	2500
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	Has the plan failed to provide any benefit when due under the plan?	10f		X				
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. Int VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes [Ves.] Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes [Ves.] 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. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If yes [Ves.] I	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
exceptions to providing the notice applied under 29 CFR 2520.101-3		10h		X				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form		10i		X				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form	rt VI Pension Funding Compliance							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (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, and enter the date of the letter ruling granting the waiver	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sched	ule S	B (Form		Yes	X N
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year Year Ye							Yes	X N
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr							
C Enter the amount contributed by the employer to the plan for this plan year								
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)	b Enter the minimum required contribution for this plan year			12b				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year			12c				
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				12d				
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	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	rt VII Plan Terminations and Transfers of Assets							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	A Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
of the PBGC?	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a			•		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	· · · · · · · · · · · · · · · · · · ·						Yes	× N
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify						_	_
nution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	13c(1) Name of plan(s):		130	c(2) E	IN(s)	1	3c(3) F	²N(s
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								

SIGN	Filed with authorized/valid electronic signature.	03/13/2013	W. BRUCE COMBEST, DMD
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

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open

Pe	nsion Benefit Guaranty Corporation		, to ti		0000 01 .	to rubiic iii	shection
Pε	rt I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning $07/01/2011$		a	nd en	ding 0	6/30/201	2
Α	This return/report is for: X a single-employer plan a multiple-er	nploye	r plan (not	multie	mployer)	a one-participa	nt plan
В	This return/report is: the first return/report the final return	rn/repo	ort				
^		year re	turn/repor	t (less	than 12 mont	hs)	
С	Check box if filing under: Form 5558	xtensio	n			DFVC program	
FOOTOGO	special extension (enter description)						
	rt II Basic Plan Information - enter all requested information						
	Name of plan				Three-digit olan number (DN)	0.01
W •	BRUCE COMBEST, PSC PROFIT SHARING PLAN						001
				1C	Effective date		
				<u> </u>		1/1992	
	Plan sponsor's name and address; include room or suite number (employer, if for single-	employ	er plan)	ZD		itification Numbe 990421	er (EIN)
¥¥ •	BRUCE COMBEST, PSC			2-			
4 N	2C RICHMOND ROAD N			2C 250	5ponsor's tele -986-46	ephone number	
40	2C RICHFOND ROAD N						>
BE	REA KY 40403			Zu	6212	e (see instruction 1 0	18)
	Plan administrator's name and address (if same as plan sponsor, enter "Same	•\		3h	Administrator'		·
SA		,			-aministrator	3 LIIV	
				3с	Administrator'	s telephone num	nber
4 11	the name and/or EIN of the plan sponsor has changed since the last return/rep	ort file	d for this	4b	EIN		
р	olan, enter the name, EIN, and the plan number from the last return/report.						
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a		2	
_	Total number of participants at the end of the plan year			5b		2	
С	Number of participants with account balances as of the end of the plan year (c	lefined					
	benefit plans do not complete this item)			5c		2	
_	Were all of the plan's assets during the plan year invested in eligible assets? (S					X Yes	s UNo
D	Are you claiming a waiver of the annual examination and report of an independ					₩.,	П.,
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and c		-			X Yes	s No
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-Si	- and n	nust inste	ad use	Form 5500.		
7	Plan Assets and Liabilities	T	(a) Ro	ainnin	g of Year	(b) End o	of Year
-	Total plan assets	7a	(8) De		234560	(b) Liid (241511
b	Total plan liabilities	7b					211711
C	Net plan assets (subtract line 7b from line 7a)	7c			234560		241511
8	Income, Expenses, and Transfers for this Plan Year		(a) Am		(b) To	
а	Contributions received or receivable from:	20000000	,				
_	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss) SEE STATEMENT 1	8b			6951		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					6951
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i					695 <u>1</u>
i	Transfers to (from) the plan (see instructions)	Ωi	1				

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

Form 5500-SF (2011) v.012611

	Form 5500-SF (2011)	Danne	a l'		· ·	
. 1	Pari IV Plan Characteristics	Page	2-		<u> </u>	•
. 1						
	9a If the plan provides penalon benefits, enter the applicable penalon feature codes from the List b. If the plan provides penalon benefits, enter the applicable penalon feature codes from the List	of Plan	Chara	ctarieti	io Codos la six-	
	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of				. coods ill file	instructions:
ľ	Compliance Questions	Plan C	heraci	erlatic	Codes in the l	natructions:
	Compitance Questions					
			Yes	N.		
	The state of the s		Tes	No	Am	Ount
		10a		x		
	transactions reported on line 10a.) C Was the plan covered by a fidelity bond?	10b		x		
	C Was the plan covered by a fidelity bond? di Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that	10c	X			25000
	Was caused by fraud or dishonesty?					
	Were any fees or commissions paid to any hyphanics	10a		X		
				1		
	f Has the plan falled to provide any benefit when due under the plan? Did the plan have any participant leane? (6 Nov.)	10e		X		
		10f		X		
		100	$\overline{\cdot}$	A		
	== 4(1/4004(10)/2))	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 setion.					
	of the exceptions to providing the notice applied under 29 CFR 2520,1013 Pension Funding Compliance	101		x		
11	is this a defined benefit plan subject to mislimum funding					
12	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instruction Schedule SB (Form 5500)) Is this a defined contribution plan subject to the minimum funding requirements.	s and c	omple	te		
1 4	is this a defined contribution plan subject to the minimum funding requirements of section 412 or section 302 of ERISA? (If "Yes," complete 132 or 135, 150, 150, 150, 150, 150, 150, 150, 15					X No
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12a below, as applicable.) If a waiver of the minimum funding standard for a orior year is below passetted in the complete standard for a orior year is below as applicable.)	the Co	ide or		L-m)	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, a ruling granting the waiver.	 سفسخط خات			∐ Yes	Mo Mo
	ruling granting the waiver. f you completed line 12s, complete time 2.5 and 5.5 and 5.5 amount in this plan year, s Month	GO 112 (1	nedőu Peri	s, and	enter the date	of the letter
		line 13.	Day	 ,	Year	
				26	· · · · · · · · · · · · · · · · · · ·	
. (1	2c		
	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)	٥	Γ			
•	the left of a negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Appets.	*********	1	2d		_
Pe	Plan Terminations and Transfers of the cythe funding deadine?	444		Yes	No	N/A
32	Tibe a resulting to terminate the plan to an activity					
	The street the smooth of any plan segate that second at a second	• • • • • • • • • • • • • • • • • • • •	·····		Yes	X No
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or under the control of the PRGC?		11	3a	· · · · · · · · · · · · · · · · · · ·	
					П.,	53 .
_	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in its bilities were transferred. (See Instructions.)	lentify f	he ole	níai ta	Tes	X No
•	ilabilities were transferred. (See instructions.) Sc(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·	· ic bac	ii(a) IQ	MINC() 8326(8)	×
	-20 waite of Digital's	130	(2) EI	W(B)	13e/) PN(s)
						71192
				-		
)au	tion: A penalty for the late or incomplete filling of this return/report will be assessed unless red					
cler :	pertainting of porjury and other pertaining set form in the instructions, I declare that I have examined this return/report, including, if applications are remained extrany, so well-up the electronic version of this return/report, and to the best of my knowledge and belief, it is true, co	2009pl	o ceu	e si se	stablished.	
1000	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, co	cable, e.S. muct, end	chedule Complet	SB or So	hadule MB comple	fed and
igi ER	(1) Various Chaus Lower			·		
84	Signature of plan administrator Date Enter name of individual		po d	MD	inicto-t	
		-iting (A	to hig		wish WOL	
	Signature of anything of the state of the st	niant.				
972	11-15-11 Date Enter name of Individual	an Busy Ö	as 611	ployer	or plan spons	or

5500 Electronic Filing Authorization

Plan Name: W. Bruce Combest, PSC Profit Sharing Plan

EIN/PN: 61-0990421/001

Plan Year: 7/1/2011 - 6/30/2012

I hereby authorize Psimer & Associates, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed the Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

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(e).Cox

3.13.13

date