#### 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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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.

	Complete all entries in accord	lance witl	n the instructions to the Form 55	00-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 07/01/2011	1	and ending	06/30/2	2012		_
A	This return/report is for: a single-employer plan	a multiple	-employer plan (not multiemployer	)	a one-participa	ant plan	
В .	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	ın year return/report (less than 12 ı	months)			
С	Check box if filing under: Form 5558	automatic	extension		DFVC progran	n	
	special extension (enter description						
Da	<u></u>	•					_
	rt II   Basic Plan Information—enter all requested information	ation		41-			
	Name of plan REY S. HOFER, PSC PROFIT SHARING PLAN			10	Three-digit plan number		
JEFF	RET 3. HOPER, PSC PROFIT SHARING PLAN				(PN)	002	
				1c	Effective date of	olan	
					07/01/1		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identific	cation Number	
JEFF	REY S. HOFER, PSC				(EIN) 61-100		
				2c	Sponsor's teleph	one number	
2816	VEACH ROAD 2816 VEACH	ROAD			270-684-		
	NSBORO, KY 42303 OWENSBOR		303	2d	Business code (s	ee instructions)	
					621111		
	Plan administrator's name and address (if same as plan sponsor, en	iter "Same	3")	3b	Administrator's E		
JEFF	REY S. HOFER, PSC 2816 VEACH OWENSBOR		03		61-100		
	OWENOBOR	J, ICT 423	03	3c	Administrator's te 270-684-		ſ
4	If the name and/or FINI of the plan apparer has abanged since the le	act return/	report filed for this plan, enter the	4b		1145	_
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	asi return/	report filed for trils plan, enter the	40	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			. 5a			10
	Total number of participants at the end of the plan year			- Ou			10
				. 30			
C	Number of participants with account balances as of the end of the p complete this item)			. 5c			10
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes N	lo.
	Are you claiming a waiver of the annual examination and report of a		•				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			,		X Yes N	lo
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Year	
а	Total plan assets	7a	4160222			4230546	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	4160222			4230546	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal	
а	Contributions received or receivable from:		, ,		(3)		
	(1) Employers	8a(1)	46704				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	23620				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				70324	
d	Benefits paid (including direct rollovers and insurance premiums	- 55					
-	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				70324	
i	Transfers to (from) the plan (see instructions)						
•	, , , , , , , , , , , , , , , , , , , ,	8j					

Form	5500.	SF.	201

Page 2 -	1	
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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 2G 2R 3D
- **b** 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		Am	ount	
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				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ				5	5000
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, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
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.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i		X				
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	
0000						162	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	<u> </u>
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	e or sections,	ction 3	302 of E	RISA?	In the le	Yes tter ruli	X I
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sections,	and e	302 of E	RISA?	In the le	Yes tter ruli	X I
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	e or sections,	and e	nter the	RISA?	In the le	Yes tter ruli	X N
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor 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.	ctions, th	and e	nter the Day _	RISA?	In the le	Yes tter ruli	X I
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mon 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.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ctions,	and e	nter the Day	RISA?	of the le	Yes tter ruli	ng
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More 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.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	ctions,	and e	nter the Day	RISA?	of the le	Yes tter ruli r	ng
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor 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.  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?	e or se	and e	nter the Day _ 12b 12c 12d	e date o	of the le	Yes tter ruli r	ng
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Montryou 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	nter the Day _ 12b 12c 12d	e date o		Yes tter ruli r	ng
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moryou 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  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.	ctions, th	and e	12b 12c 12d	e date o	of the le	Yes tter ruli r	ng N/
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Montagou 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?  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.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d [	e date o	of the le	Yes tter ruli r	ng N/
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor 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.  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?  It VII Plan Terminations and Transfers of Assets  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	12b 12c 12d [	Yes  X	[  of the le  Yea  No	Yes tter ruli r	ng N
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.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day	Yes  X	[  of the le  Yea  No	Yes  tter ruli r  No  Yes	ng NA

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.	03/15/2013	JEFFREY S. HOFER, M.D.
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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

1000000	A A A A A A A A A A A A A A A A A A A		70013 00 0	10101	0000 01 .	to rubile ins	pection
	Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning 07/01/2011				<u> </u>	6/30/2012	)
				nd end		1	
A	This return/report is for: X a single-employer plan a multiple-er			multie	mployer) [	a one-participan	t plan
В	This return/report is: the first return/report the final return						
С		-	•	t (less	than 12 mo <u>nt</u>	1	
•	Check box if filing under: Form 5558 automatic e	xtensio	n		L_	DFVC program	
1	special extension (enter description)   set   Basic Plan Information - enter all requested information					·····	
				d 1 -	<b>5</b>	T T	
	Name of plan FFREY S. HOFER, PSC PROFIT SHARING PLAN				Three-digit olan number (	(PN)	002
U E	FIRE 3. HOPER, FSC FROTTI SHARING PLAN			·	······································		002
				16	Effective date	1/1992	
20	Plan sponsor's name and address; include room or suite number (employer, if for single-	omploy	or plan\	2h		ntification Number	· /EINI\
	FFREY S. HOFER, PSC	employ	ei piaii)	20 1		007513	(EIIV)
01.	TIREL D. HOLERY LDC			20		ephone number	
28	16 VEACH ROAD				-684-11		
	10 Villon Notifi					e (see instructions	<u></u>
OW	ENSBORO KY 42303			24	6211		<del>?</del> /
	Plan administrator's name and address (if same as plan sponsor, enter "Same"	<u>'</u>		3b	Administrator'	·	
	ME	,					
				3c /	Administrator'	's telephone numb	oer
4	f the name and/or EIN of the plan sponsor has changed since the last return/rep	ort file	d for this	4b	ΞIN		
þ	plan, 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		10	
b	Total number of participants at the end of the plan year			5b		10	
С	Number of participants with account balances as of the end of the plan year (c			_		1.0	
	benefit plans do not complete this item)			5c		10 X Yes	
	Were all of the plan's assets during the plan year invested in eligible assets? (S					A Yes	∐ No
D	, ,					X Yes	Пы
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of the four answered "No" to either 6a or 6b, the plan cannot use Form 5500-SI					A tes	∐ No
D.	art III Financial Information	and n	nust inste	au use	Form 5500.	<b>****</b>	
7	Plan Assets and Liabilities		(a) Be	ainnin	g of Year	(b) End of	Year
-	Total plan assets	7a	(-,		160222	<u> </u>	230546
b	Total plan liabilities	7b					
c	Net plan assets (subtract line 7b from line 7a)	7c		4	160222	4	230546
8	Income, Expenses, and Transfers for this Plan Year		(	a) Am		(b) Tot	tal
а	Contributions received or receivable from:	paramoninin'			·		
	(1) Employers	8a(1)			46704		
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)				]	
b	CEE COMBINES 1	8b			23620		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					70324
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits) $\dots$	8d				1	
е	Certain deemed and/or corrective distributions (see instructions)	8e				1	
f	Administrative service providers (salaries, fees, commissions)	8f				]	
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ļ				7000
į	Net income (loss) (subtract line 8h from line 8c)	8i					70324
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

Page	2-
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P							
					Chara		

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 2R 3D

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

Par	t V Compliance Questions								
Par IO									
	During the plan year:				Yes	No	Aı	mount	
а	Was there a failure to transmit to the plan any participant					v			
<b>L</b>	in 29 CFR 2510.3-102? (See instructions and DOL's		<del>-</del> -	10a		X			
D	Were there any nonexempt transactions with any			40.		Х			
_	transactions reported on line 10a.)			10b	Х	Λ	· · · · · · · · · · · · · · · · · · ·	50000	10
	Was the plan covered by a fidelity bond?			10c	Λ.		····	30000	,,,
u	Did the plan have a loss, whether or not reimburse			404		х			
_				10d		Λ			
Е	Were any fees or commissions paid to any brokers		-						
	carrier, insurance service or other organization tha	•		10-		Х			
4	the plan? (See instructions.)			10e		X			
t	Has the plan failed to provide any benefit when du			10f		X			
g	Did the plan have any participant loans? (If "Yes,"			10g		Λ			
* 1	If this is an individual account plan, was there a black of CCR 0500 101 a.)					Х			
	and 29 CFR 2520.101-3.)			10h		Λ	***************************************	<del></del>	
İ	If 10h was answered "Yes," check the box if you e			40.		Х			
Dar	of the exceptions to providing the notice applied ut VI Pension Funding Compliance	Inder 29 CFR 2520.101	•3	10i		Λ			
1 1			(f #\/ # i+ + i			l - & -			
1	Is this a defined benefit plan subject to minimum for Schedule SB (Form 5500))						П	Yes X No	
2								Yes X No	<u>)                                    </u>
	Is this a defined contribution plan subject to the m	· ·					П	Yes X N	_
_	section 302 of ERISA? (If "Yes," complete 12a or								
а	If a waiver of the minimum funding standard for a ruling granting the waiver.								)r
14.						/	Ye	ar	
_	ou completed line 12a, complete lines 3, 9, and Enter the minimum required contribution for this pl		•			105			
	Enter the amount contributed by the employer to t	•	or			12b 12c			
	Subtract the amount in line 12c from the amount in					120	<del></del>		
u	the left of a negative amount)		,			12d			
_	Will the minimum funding amount reported on line						es N	o N/A	
	VIII Plan Terminations and Transfer		aing deadilite?				es   [14	<u> </u>	
.,,,,,,,	Has a resolution to terminate the plan been adopte							Yes X No	
oa	If "Yes," enter the amount of any plan assets that					13a		Tes pa ive	
h	Were all the plan assets distributed to participants					13a			
	under the control of the PBGC?	·	• •		_		П	Yes X No	,
C	If during this plan year, any assets or liabilities wer								,
•	liabilities were transferred. (See instructions.)	e transferred from this	Sian to another plants,	IGGITTA	y tile t	Jiai i(S)	to willon ass	iets of	
1:	<b>3c(1)</b> Name of plan(s):			-	13c(2)	FIN(e)		13c(3) PN(s)	
	retire of plantoj.				100(2)	LIIV(S)		100(0) / 14(5)	
								P	
Caut	ion: A penalty for the late or incomplete filing of	this return/report wil	be assessed unless r	eason	able c	ause i	is establishe		
	enalties 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 MB	completed and	
	1011011								
SIGN		03/15/2013	JEFFREY S.	HOF	ER -	M I	).		
1ERI	Signature of plan administrator	Date	Enter name of individu					•	$\dashv$
						•			$\dashv$
SIGN									
IERI	Signature of employer/plan sponsor	Date	Enter name of individu	al sign	ing as	emplo	over or plan s	sponsor	

### **5500 Electronic Filing Authorization**

Plan Name:	Jeffrey S.	Hofer,	<b>PSC Profit</b>	Sharing	Plan
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EIN/PN: 61-1007513/002

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

sign

date

Plan Sponsor

\_sign

date