_	rm 5500-SF	Short Form Annual R		OMB Nos. 1210-0 1210-0				
	artment of the Treasury ernal Revenue Service	This form is required to be file			2012			
Employee I	Department of Labor Benefits Security Administration	Retirement Income Security Act of the Interna	(a) of	This Form is	s Open to Publ pection	lic		
Pension E	Benefit Guaranty Corporation	Complete all entries in accord	0-SF.		poonon			
Part I		entification Information						
For calend	dar plan year 2012 or fisca	_	2	and ending 1	2/31/2	2012		
A This re	eturn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This re	eturn/report is:	the first return/report	the final return/report					
	, i i i i i i i i i i i i i i i i i i i	an amended return/report	a short plan year return	n/report (less than 12 mo	onths	1		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter description						
Part II	Bacia Blan Inform	nation—enter all requested inform	,					
1a Name		nation —enter all requested inform	ation		1h	Three-digit		
	GOODMAN, PSC JR., PF	ROFIT SHARING TRUST			10	plan number		
						(PN) ▶	001	
					1c	Effective date of	fplan	
						10/01/	/1972	
	sponsor's name and addre GOODMAN, JR., PSC	ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 61-07		
517 LEGIO	N DRIVE				2c	Sponsor's telep 859-734	hone number 1-7709	
	BURG, KY 40330				2d	Business code (62121		;)
3a Plana	administrator's name and	address 🛛 Same as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN	
4 If the	name and/or EIN of the p	lan sponsor has changed since the l	ast return/report filed fc	or this plan, enter the	4b	EIN		
name		er from the last return/report.	·	• •	4c			
		the beginning of the plan year			5a			5
		the end of the plan year						
		count balances as of the end of the			5b			4
					5c			4
		uring the plan year invested in eligib					X Yes	No
	•	e annual examination and report of	,	,				
	`	See instructions on waiver eligibility	,				× Yes	No
		er line 6a or line 6b, the plan cann						
		incomplete filing of this return/rep						
SB or Sch		r penalties set forth in the instruction signed by an enrolled actuary, as we te.						
SIGN	Filed with authorized/va	lid electronic signature.	10/15/2013	KATHY KEATON				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN								
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as emplove	r or plan sponse	or
Preparer's		ne, if applicable) and address; includ				parer's telephone		

Pa	rt III Financial Information							
7	Plan Assets and Liabilities			ar		(b) End of Year		
а	Total plan assets	7a	602852				648947	
b	Total plan liabilities	7b	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	60285	602852			648947	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total	
а	Contributions received or receivable from:							
	(1) Employers	8a(1)			_			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	5010	0	_			
	Other income (loss)	8b	5019	12	_		50400	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		50192	
	to provide benefits)	8d	409	7				
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					4097	
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		46095	
j	Transfers to (from) the plan (see instructions)	8j						
b Par	2H 2E 3D 2F If the plan provides welfare benefits, enter the applicable welfare fe t V Compliance Questions	eature code	s from the List of Plan Chara	cterist	ic Cod	es in th	ne instructions:	
10								
	During the plan year:				Yes	No	Amount	
a				10a	Yes	No	Amount	
a		uciary Corre ? (Do not in	ction Program) clude transactions reported	10a 10b	Yes		Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corre ? (Do not in	ction Program) clude transactions reported		Yes	Х		0000
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	(Do not in fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b		Х		0000
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Corre ? (Do not in fidelity bond her persons of the benefit	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c		X X		0000
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	iciary Corre ? (Do not in fidelity bond her persons of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		x x x		0000
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е	Will t		Yes	No N/A	
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Department of the Treasury Internal Revenue Service	Short Form Annual This form is required to be t Retirement income Security And	– Denerit Plai	n i i i i i i i i i i i i i i i i i i i	121			
Department of Labor Employee Benefite Security Administration	oyee 058(a) of	2012					
Pension Benafit Quaranty Corporation	Mr. Commission all success				This Form is Open to Public		
Part Annual Report Ide	Complete all entries in according to the second	ordance with the in	structions to the Form 5	500-SF.	Inspection		
and the state plan year 2012 of tisca	l plan year beginning	01/01/2012					
A This return/report is for:	a single-employer plan		and ending		12/31/2012		
B This return/report is:	the first return/report	the final return/ro	/er plan (not multiemploye	r) [a one-participant plan		
	an amended return/report						
C Check box if filing under:] automatic extensi	eturn/report (less than 12	months)			
	special extension (enter descript		on		DEVC program		
Part II Basic Plan Informa	ation-enter all requested interr	n se an					
contraction of the second of							
ROBERT I. GOODMAN, F	280 JR., PROFIT SHAR	TNC: Inprove		11b T	ree-digit		
		44444 U 1733/223			an number N) > 000		
• (1)					ective date of plan		
2a Plan sponsor's name and address ROBERT I. GOODMAN, J	St include room or suite number /	······································	······································	10)/01/1972		
ROBERT I. GOODMAN, J.	R., PSC	employer, if for a sing	glo-employer plan)	2b Em	ployer Identification Number N) 61-0732914		
				2c Sp	onsor's telephone number		
517 LEGION DRIVE				(8	59) 734-7709		
HARRODSBURG	- 170 Mik			2d Bus	iness code (see instructions)		
3a Plan administrator's name and add	dress XISame as Plan Sponsor N	iame Same as P	1 <u>40330</u> Ian Sponsor Address		1210		
		(_)	aan oponsor Address	alo Adn	ninistrator's EIN		
A 1997	·						
name, EIN, and the plan number th	sponsor has changed since the fa from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN			
a Sponsor's name	and detractive point,			4b EIN 4c PN			
a Sponsor's name 5a Total number of participants at the	beginning of the plan year	na		1			
 a Sponsor's name Total number of participants at the b Total number of participants at the c Number of participants with accounts 	beginning of the plan year			4c PN	<u> </u>		
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Form 5500-SF 2012 *1 *= and the second second second second Page 2 a constant of a special to be a set of a ____ Part III Financial Information

		<u>(a) Beginning o</u>	Contemporate		<u> </u>	(b)	End of Y	ear	
A Total plan assets D Total plan liabilities	<u></u>		602,	,852				64	8.
C Net plan assets (subtract line 7b from lino 7a)	<u></u>		translat.	Ú				-	
 Income, Expenses, and Transfers for this Plan Voir. 	7c		602,	852				64:	8,
a Contributions received or receivable frame		(a) Amount					(b) Total		
(1) ⊨mpioyers					•				÷.,
(4) Faulcipants.	6-103								
(including rollovers)									
			50,	197	<u> </u>	-			
- Total alconne (add lines Ba(1), Ba(2), Ba(3), and Bh)	1						TRAMAL		
to provide benefits)	0.0		4.	097				50), :
 Osham deemed and/or corrective distributions (see instructions). 	0.								
f Administrative service providers (salaries, faes, commissions)	8f					<u>.</u>	r – N. Ng M	÷.	<u>.</u>
y Other expenses	0-	······································	- 19-5-5-5-5-5-1	<u>-</u> [, 1997 (1997) 1997 - 1997 (1997) 1997 - 1997 (1997)		
13 Totell expenses (add lines 8d, 8e, 8f, and 8g)	Et.					······			
<u>invertincome (loss) (subtract line 8h from line 8c)</u>									, Ö
1 manufers to (rom) the plan (see instructions)	: 8j						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	46,	, ()
Part IV Plan Characteristics								·. ·	
 If the plan provides pension bonefits, enter the applicable pension 2H 2E 3D 2F If the plan provides waiting boards 	n festura cod	les from the List of Plan Ch.	aracier	ristic (indae i	n IAA innti			
Compliance Questions During the plan year:				Yes		T			
a Was there a failure to leave at a leave									
29 CER 2510 2-1022 (Easisting to the plan any participant contribu	itions within	the time period described in	<u>.</u>	145	No		Атоц	n:	No.
 a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any operating transmitter of the plan. 	itions within uciary Corre	the time period described in ction Program)	10a		NO X	<u> </u>	Amou		
b Were there any nonexempt transactions with as it	uctary Corre	ction Program)	10a		×		Amou		
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 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in time 12c from the amount in time 12b. Enter the amount in time 12c from the amount in time 12b. 	
Viai the minimum funding amount reported on line 12d an met hum	120
Part MI Plan Terminations and Transfers of Assets	Yes No N/A
13a Has a resolution to terminate the plan been adopted in any plan year?	Yes X No
b Were all the plan access at the	40-
 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brough which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s); 	the plan(s) to
	13c(2) EIN(3) 13c(3) PN(8)
Part Mill Trust Information (optional) 14a Name of trust	14b Trust's EIN