	Form 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 12 12	10-0110 10-0089
	Department of the Treasury Internal Revenue Service	al Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						
	Department of Labor ployee Benefits Security Administration	Retirement Income Security Act of the Intern	(a) of	This Form is Open to Publ Inspection				
Per	nsion Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.		pection	
Pa		lentification Information						
For c	alendar plan year 2012 or fisca	_)12	and ending 0	5/31/2	2013		
ΑΤ	his return/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan	
ВТ	his return/report is:	the first return/report	the final return/report					
	l l l l l l l l l l l l l l l l l l l	an amended return/report	a short plan year return	/report (less than 12 m	onths))		
С с	heck box if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter descript	tion)					
Par	t II Basic Plan Inforr	mation—enter all requested inform	,					
	Name of plan		indion		1b	Three-digit		
		SC 401K PROFIT SHARING PLAN	l			plan number		
						(PN) 🕨	001	
					1c	Effective date of	f plan	
						06/01/	/1983	
	Plan sponsor's name and addre MAN CARTER BARNHART P	ess; include room or suite number SC	(employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 61-09		ıber
2405 H	HARRODSBURG RD				2c	Sponsor's telep 859-224		∋r
LEXIN	GTON, KY 40504-3329				2d	Business code (54131		ions)
3a F	Plan administrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN	
	name, EIN, and the plan numb	blan sponsor has changed since the per from the last return/report.	e last return/report filed fo	r this plan, enter the		EIN		
	Sponsor's name				4c	PN		
5a '	Total number of participants at	t the beginning of the plan year			5a			85
b .	Total number of participants at	t the end of the plan year			5b			75
		count balances as of the end of the		•	5c			75
							Voc	No
		during the plan year invested in elig ne annual examination and report o					× Yes	
		See instructions on waiver eligibility					X Yes	No
	If you answered "No" to eith	ner line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form	5500.	_	_
Caut	ion: A penalty for the late or	incomplete filing of this return/re	eport will be assessed u	unless reasonable cau	se is	established.		
SB o		er penalties set forth in the instruction signed by an enrolled actuary, as vete.						
SIGN		ilid electronic signature.	12/27/2013	KATHY KEATON				
HER	E Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN	1							
HER		er/plan sponsor	Date	Enter name of individ	ual sid	ning as emplove	r or plan spo	onsor
Prepa		me, if applicable) and address; inclu				parer's telephone		

Part	III Financial Information						
7 F	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a 1	otal plan assets	7a	1223254	7			14639119
b 1	otal plan liabilities	7b					
C 1	Vet plan assets (subtract line 7b from line 7a)	7c	1223254	7			14639119
8 I	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	80(1)	29145	2			
	Employers Participants	8a(1) 8a(2)	37568				
	a) Others (including rollovers)	8a(3)	57500				
-	Dther income (loss)	8b	209590	3			
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80	203330	5			2763036
	Benefits paid (including direct rollovers and insurance premiums	00					2703030
	o provide benefits)	8d	35619	4			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
f /	Administrative service providers (salaries, fees, commissions)	8f					
g (Other expenses	8g	27	0			
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					356464
-	Net income (loss) (subtract line 8h from line 8c)	8i			_		2406572
J	ransfers to (from) the plan (see instructions)	8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cterist	ic Coc	les in th	ie instructions:
10	During the plan year:				Yes	No	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	tions within th iciary Correc	he time period described in tion Program)	10a		X	Junouni
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		x	
С	Was the plan covered by a fidelity bond?			10c	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefit	s under the plan? (See	10e	x		39674
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	10q		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		x	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or se	ection	302 of E	ERISA? Yes 🗙 No
12							
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicabl	le.)				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	in this plan year, see instructionMon		, and e	enter the Day _	e date of the letter ruling Year
	If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instructionMon		, and e		•

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		he 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	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	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.)							
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

Form 5500-SF	orm 5500-SF Short Form Annual Return/Report of Small Employee						
Department of the Treasury Internal Revenue Service	This form is required to be f		2	012			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act	This form is required to be filed under sections 104 and 4065 of the Employed Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).					
Pension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.						
	Identification Information			• •			
For calendar plan year 2012 or fi		06/01/2012	and ending		05/31/201	3	
A This return/report is for:B This return/report is:	interfirst return/report	a multiple-employer pla	an (not multiemployer)		a one-particip	pant plan	
	an amended return/report	a short plan year return	venort (less than 12 m	(onthe)			
C Check box if filing under:	Form 5558	automatic extension		ion in 13 j	DFVC progra		
	special extension (enter descrip					[1]	
Part II Basic Plan Info	prmation—enter all requested info	······			•		
1a Name of plan	mation-enter all requested into	rmation		1b	Three-digit		
SHERMAN CARTER BA	DNHADT DOC AN1V				plan number		
PROFIT SHARING PL					(PN) ►	001	
		-		1c	Effective date of 06/01/1983		
2a Plan sponsor's name and ad SHERMAN CARTER BA	ldress; include room or suite number RNHART PSC	(employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 61-097		
				2c	Sponsor's telep (859) 224-	hone number	
2405 HARRODSBURG	RD			2d	Business code (
LEXINGTON		KY	40504-3329	-	541310		
Ja Plan auministrator s name a	nd address XSame as Plan Sponso	or Name []Same as Plan	Sponsor Address	30	Administrator's I	EIN	
4 If the name and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed fo	r this plan, enter the	4b	EIN		
a Sponsor's name	mber from the last return/report.			4c			
	at the beginning of the plan year			5a			
	at the end of the plan year			5b		. 85	
	account balances as of the end of th			ac		75	
complete this item)				5c		75	
 Are you claiming a waiver o under 29 CFR 2520.104-46 If you answered "No" to e 	s during the plan year invested in eli f the annual examination and report ? (See instructions on waiver eligibili ither line 6a or line 6b, the plan ca	of an independent qualifie ity and conditions.) nnot use Form 5500-SF	d public accountant (IC and must instead use	PA) Form	5500.	X Yes No	
	or incomplete filing of this return/						
Under penalties of perjury and ot SB or Schedule MB completed a belief, it is true, correct, and com	her penalties set forth in the instructi nd signed by an enrolled actuary, as plete.	ions, I declare that I have e well as the electronic vers	examined this return/re sion of this return/repor	port, ir t, and	cluding, if applicate to the best of my	able, a Schedule knowledge and	
SIGN Sugar	rappert	9.30.13	SUSAN MOONEY				
HERE Signature of plan a	administrator	Date	Enter name of individ	lual eic	ning on plan ada	ainistrator	
SIGN ELON			SUSAN MOONEY	iuai siç	ining as plain adri	แกรแลเอก	
HERE	· many				-		
Preparer's name (including firm r	ame, if applicable) and address; inc	Date lude room or suite number	Enter name of individ (optional)			r or plan sponsor number (optional)	
For Paperwork Reduction Act Notic	e and OMB Control Numbers, see the	Instructions for Form 5500-3	3F.		F	Form 5500-SF (2012) v. 120126	

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	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
a	Total plan assets	7a	12,232	2,54	17		14,639,119	
b	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	12,232	2,54	17	7 14,639,11		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
	Contributions received or receivable from:		2.0.7	1 4 5				
	(1) Employers	8a(1)		1,45 5,68	22002.212			
	(2) Participants	8a(2)	37:	5,66) T (199			
	(3) Others (including rollovers)	8a(3)	2,09	E 00	10			
	Other income (loss)	8b	2,09.	5,90	55		2,762,026	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80					2,763,036	
	to provide benefits)	8d	.35	6,19	94			
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g		27	70			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					356,464	
i	Net income (loss) (subtract line 8h from line 8c)	8i					2,406,572	
j	Transfers to (from) the plan (see instructions)	- 8j				1000051		
Pa	t IV Plan Characteristics	<u> </u>			010100			
9a b	9a 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							
Par	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in						Allount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withi uciary Cori	n the time period described in rection Program)			Х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Corr t? (Do not	rection Program)	<u>10a</u> 10b		x x		
b 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not	rection Program) include transactions reported	10a 10b	x		500,000	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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	uciary Cori I? (Do not	rection Program) include transactions reported	10a	X		500,000	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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	uciary Con t? (Do not fidelity bo her person of the ben	rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, offts under the plan? (See	10a 10b 10c		X	500,000	
 d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 other	iciary Con (Do not fidelity bo her person of the bend	rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e		X		
 d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 instructions.) Has the plan failed to provide any benefit when due under the plan	ifidelity bo her person of the bend	rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10a 10b 10c 10d 10e 10f		X X X		
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	in?	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, effts under the plan? (See and.)	10a 10b 10c 10d 10e 10f 10g		X X		
c d e f g	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not fidelity bo her person of the ben n? (See instru (See instru	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, effts under the plan? (See end.) actions and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h		X X X X X		
c d e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide 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 instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	uciary Con t? (Do not fidelity bo her person of the ben n? (See instru (See instru	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, effts under the plan? (See end.) actions and 29 CFR	10a 10b 10c 10d 10e 10f 10g		X X X X X		
c d e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not fidelity bo her person of the bend as of year of (See Instru- he required 1-3	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) and 29 CFR d notice or one of the Yes," see instructions and corr	10a 10b 10c 10d 10e 10f 10g 10h 10h	X	X X X X X	39,674	
c d e f g h i Pan	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not fidelity bo her person of the ben of the ben as of year of (See instru- he required 1-3	rection Program) include transactions reported ind, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) actions and 29 CFR d notice or one of the Yes," see instructions and corr	10a 10b 10c 10d 10e 10f 10g 10h 10h	X	X X X X X	39,674	
c d e f g h i Pan	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not fidelity bo her person of the bend as of year of (See instru- he required 1-3	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR d notice or one of the Yes," see instructions and corr	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Sule SE	39,674	
d f f i i 11 11a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not fidelity bo her person of the bend as of year of (See instru- he required 1-3	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) inclions and 29 CFR d notice or one of the Yes," see instructions and corr ents of section 412 of the Code	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X Sule SE	39,674	
c d e f g h i I Pan 11 11a 12 a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not fidelity bo her person of the bend as of year of (See instru- he required 1-3	rection Program) include transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) end.) and 29 CFR d notice or one of the Yes," see instructions and corr ents of section 412 of the Code able.) ed in this plan year, see instru- Mon	10a 10b 10c 10d 10e 10f 10g 10h 10h 10i 10h 10i	X Schee	X X X X X X Jule SE 11a 302 of	39,674	
c d e f g h i 11 11a 12 a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Con t? (Do not fidelity bo her person of the bend in? as of year of (See instru- he required 1-3 hents? (If " requirement as applic ng amortiz e MB (For	rection Program) include transactions reported ind, that was caused by fraud s by an insurance carrier, effts under the plan? (See end.) actions and 29 CFR d notice or one of the Yes," see instructions and corr ents of section 412 of the Code able.) ed in this plan year, see instru- Mon m 5500), and skip to line 13.	10a 10b 10c 10d 10e 10f 10g 10h 10i 10i	X Schee	X X X X X dule SE 11a 302 of	39, 674	

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c Enter the amount contributed by the	c Enter the amount contributed by the employer to the plan for this plan year						
d Subtract the amount in line 12c from negative amount)	12d	-					
	ported 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 b	een adopted in any plan year?	••••••	י 🗌 ו	res X No	· · ·		
If "Yes," enter the amount of any pla	n assets that reverted to the employer this year		. 13a				
b Were all the plan assets distributed t of the PBGC?	control		Yes 🕅 No				
	r liabilities were transferred from this plan to another		to		· · · ·		
13c(1) Name of plan(s):			1 3c(2) El	N(s)	13c(3) PN(s)		
Part VIII Trust Information (opti	onal)	<u> </u>					

1	4a Name of trust	-		14b Trust's EIN