_	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	Small Employee					
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						012			
Employee Be	partment of Labor nefits Security Administration nefit Guaranty Corporation	Retirement Income Security Act the Inter Complete all entries in acc	(a) of	This Form is Open to Public Inspection						
Part I	Annual Report Id	lentification Information	ordance with the instr	uctions to the Form 5500	J-9L.					
	r plan year 2012 or fisca		012	and ending 0	6/30/2	2013				
A This retu	urn/report is for:	× a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan			
	urn/report is:	the first return/report	the final return/repo	rt						
		an amended return/report		urn/report (less than 12 mo	onths					
C Check h	ox if filing under:	Form 5558	X automatic extension			DFVC progra	m			
		special extension (enter descrip								
Part II	Basic Plan Inform	nation—enter all requested infor	,							
1a Name of		Hation —enter all requested infor	malion		1b	Three-digit				
	HOFER, PSC PROFIT	SHARING PLAN				plan number				
						(PN) 🕨	002			
					1c	Effective date of 07/01/	•			
2a Plan sn	onsor's name and addr	ess; include room or suite number	(employer if for a single	e-employer plan)	2b	Employer Identif				
	HOFER, PSC				20	(EIN) 61-100				
					2c	Sponsor's telep				
2816 VEACH OWENSBOR	1 ROAD 20, KY 42303	2816 VEA OWENSB	ORO, KY 42303		2d	Business code (see instructions)			
3a Blan ac	Iministrator's name and	address XSame as Plan Sponso		an Sponsor Address	3h	621111 Administrator's EIN				
				an Sponsol Address	50	Auministrators				
					3c	Administrator's t	elephone number			
4 If the n	ame and/or EIN of the p	lan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b	EIN				
		per from the last return/report.			4	-				
a Sponso		the basis is a fitter of the state of the				PN				
		the beginning of the plan year			5a		10			
		the end of the plan year			5b		10			
		count balances as of the end of th			5c		10			
_	· · · · · · · · · · · · · · · · · · ·	luring the plan year invested in elig					X Yes No			
	•	ne annual examination and report		,						
	,	See instructions on waiver eligibilit	. ,				X Yes No			
		er line 6a or line 6b, the plan ca								
		incomplete filing of this return/								
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as ste.								
0.011	Filed with authorized/va	lid electronic signature.	03/17/2014	JEFFREY S. HOFER,	M.D.					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adm	ninistrator			
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	jal sid	ning as employe	r or plan sponsor			
Preparer's r		ne, if applicable) and address; incl					number (optional)			

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a Total plan assets	7a	423054	6			4539107		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	423054	6		4539107			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	80(1)	5442	4					
(1) Employers		5442	4					
(2) Participants								
b Other income (loss)		25413	7					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		20410				308561		
d Benefits paid (including direct rollovers and insurance premiums						308301		
to provide benefits)	8d							
e 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)				_		308561		
J Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature codes	from the List of Plan Chara	cterist	ic Coc	les in th	ne instructions:		
10 During the plan year:				Yes	No	Amount		
 a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig. 			10a		×	Amount		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not inc	lude transactions reported	10b		x			
C Was the plan covered by a fidelity bond?			10c	Х		500000		
d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?	s fidelity bond,	, that was caused by fraud	10d		Х	300000		
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.)	l of the benefits	s under the plan? (See	10e		x			
${f f}$ Has the plan failed to provide any benefit when due under the pl	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	l.)	10q		Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		x			
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	•		10i		x			
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)								
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum fundin	g requirements	s of section 412 of the Code	e or se	ection	302 of I	ERISA? Yes X No		
(If "Veg " complete line 12g or lines 12h 12g, 12d, and 12g heles	w. as applicabl	e.)						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	.,							
a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amortized	Mon		, and e	enter th Day	e date of the letter ruling Year		
a If a waiver of the minimum funding standard for a prior year is be	eing amortized	Mon		, 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	art 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	Short Form		eturn/F Benefit	Report of Small E	Empl	oyee	OMB N	los. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service Department of Labor 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(2012				
Department of Labor Employee Benefits Security Administration	Retirement Income Se	ecurity Act of of the Internal	1974 (EF Revenue	RISA), and sections 60 Fode (the Code).)57(b)	and 6058(a)					
	Complete all entrie	s in accorda	nce with	the instructions to t	the Fo	orm 5500-SF.		n is Open Inspection			
	dentification Infor										
For calendar plan year 2012 or fis			1/20				6/30/20:	13			
A This return/report is for:	X a single-employer			ole-employer plan (not	multi	iemployer)	a one-particip	ant plan			
B This return/report is:	the first return/rep		7	l return/report							
C Check box if filing under:	an amended retu Form 5558 special extension	(enter descrip	automa ation)	plan year return/repo ttic extension	rt (les	s than 12 montl	hs) DFVC progran	n			
	mation - enter all rec	uested inform	nation								
1a Name of plan JEFFREY S. HOFER,	PSC PROFIT	SHARIN	G PL	AN	1b	Three-digit plan number (F	PN) ▶	002			
					1c	Effective date 07/0	of plan 1 / 1 9 9 2				
2a Plan sponsor's name and address JEFFREY S. HOF'ER,	s; include room or suite nu PSC	ımber (employe	ir, if for sir	ngle-employer plan)	2b		dentification Number (EIN) -1007513				
2816 VEACH ROAD						Sponsor's tele $-684 - 11$					
OWENSBORO	<u>KY 42</u>	303			2d	Business code 6211	e (see instruction 11	ons)			
3a Plan administrator's name and	d address X Same as F	Plan Sponsor Name 🛛 Same as Plan Sponsor Address			3b Administrator's EIN						
					3c	Administrator's	Administrator's telephone number				
4 If the name and/or EIN of the p	lan sponsor has chang	ed since the la	ast returi	/report filed for this	4b	EIN		······			
plan, enter the name, EIN, and											
a Sponsor's name					4c	PN		*****			
F = T											
5a Total number of participants			••••••••••••	••••••	<u>5a</u>		10				
b Total number of participantsc Number of participants with a				or (doffeed	5b		10	······			
benefit plans do not complete					5c		10				
6a Were all of the plan's assets of						./	X Ye	es No			
b Are you claiming a waiver of t	he annual examination	and report of	an indep	pendent qualified pub	lic aco	countant					
(IQPA) under 29 CFR 2520.10							ΧΥε	es 🗌 No			
If you answered "No" to eith											
Caution: A penalty for the late of	or incomplete filing of	this return/re	eport wil	l be assessed unless	reas	ionable cause i	is established.				
Under penaltles of perjury and oth Schedule SB or Schedule MB com my knowledge and belief, it is true	ipleted and signed by a	an enrolled ac	tuary, as	well as the electronic	ned t versi	his retum/repor ion of this return	t, including, if a n/report, and to	applicable, a the best of			
SIGN HERE	H	03/17/2	2014	JEFFREY S.	но	FER, M.I).				
Signature of plan adminis	strator	Date		Enter name of individ	dual s	igning as plan a	administrator				
Signature of employer/pl	an sponsor	Date		Enter name of individ	dual s	igning as emplo	yer or plan spo	onsor			
Preparer's name (including firm na	ame, if applicable) and	address; inclu	ide room	or suite number (opti	onal)	Preparer's tele	ephone numbe	r (optional)			
For Paperwork Reduction Act No	otice and OMB Contro	I Numbers, se	ee the in	structions for Form	5500	-SF.	Form 5	500-SF (2012)			

218571 08-10-12 2 16010317 736725 HOFERPS-JP 2012.05020 JEFFREY S. HOFER, PSC

Plan Assets and Liabilities		(a) Beg	ginning	of Ye	ar	(t) End of \	Year	
a Total plan assets				305			4	53910	
b Total plan liabilities	1								
C Net plan assets (subtract line 7b from line 7a)		4230546			46	453910			
Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota			
a Contributions received or receivable from:									
(1) Employers	8a(1)			544	24				
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss) SEE STATEMENT 1	8b		2	541	37				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30856	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									
Certain deemed and/or corrective distributions (see instructions)									
Administrative service providers (salaries, fees, commissions)									
1 Other expenses									
Total expenses (add lines 8d, 8e, 8f, and 8g)									
Net income (loss) (subtract line 8h from line 8c)								30856	
Transfers to (from) the plan (see instructions)								50050	
Part IV Plan Characteristics									
						c Codes i			
Part V Compliance Questions D During the plan year:				Yes	No		Amoun		
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the ti 	•	scribed			No				
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the ti in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Content of the plan and the pla	rection Pro	scribed	10a						
 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the ti in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Control b Were there any nonexempt transactions with any party-in-interest? (Do not set the plan and plan and	rection Pro	scribed gram.)	10a		No X				
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 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the ti in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Content of the plan and pole in the second sec	rection Pro ot include	scribed gram.)	10a		No X		Amoun	t	
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 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the ti in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Contransactions reported on line 10a.) b Were there any nonexempt transactions with any party-in-interest? (Do not transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other person carrier, insurance service or other organization that provides some or all of the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the requipant to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance I Is this a defined benefit plan subject to minimum funding requirements? (Schedule SB (Form 5500) and line 11a below) 	rection Pro ot include bond, that ons by an ir of the benefing r end.) tructions ired notice 3 lf "Yes," see	scribed gram.) isurance its under or one e instructio	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i ns and	X	No X X X X X X X X X X X X 11a		Amount !	t 50000 X Nc	
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C Enter the amount contributed by the employer to the plan for this plan year		120	:		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter the left of a negative amount)		120	1		
e Will the minimum funding amount reported on line 12d be met by the funding dea Part VII Plan Terminations and Transfers of Assets	adline?		Yes	No	N/A
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 ye	13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to under the control of the PBGC?	another plan, or brought			Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to a liabilities were transferred. (See instructions.)	another plan(s), identify th	e plani	s) to w	hich assets or	
13c(1) Name of plan(s):	13c	2) EIN	(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust	140	Trust	S EIN		

5500 Electronic Filing Authorization

Plan Name: Jeffrey S. Hofer, PSC Profit Sharing Plan

EIN/PN: 61-1007513/002

Plan Year: 7/1/2012 – 6/30/2013

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 4 date

Plan Sponsor sign 14 date