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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pa			t Identification Informa	ation					
For c	alenda	ar plan year 2012 or	fiscal plan year beginning	07/01/2012		and ending 0	6/30/2	2013	
A T	his ret	urn/report is for:	a single-employer plan	a mu	ltiple-employer p	lan (not multiemployer)		a one-partici	oant plan
Вт	his ret	urn/report is:	the first return/report	the fi	nal return/report				
			an amended return/repo	ort a sho	rt plan year retur	n/report (less than 12 m	onths))	
C 0	heck b	oox if filing under:	X Form 5558	autor	natic extension			DFVC progra	ım
		9	special extension (enter	r description)				_	
Par	rt II	Basic Plan Inf	ormation—enter all reques						
		of plan	omor an roquo	tod information			1b	Three-digit	
		•	OFIT SHARING PLAN					plan number	
								(PN) •	001
							1c	Effective date o	•
22.	Dian or	anaar'a nama and a	ddraga, ingluda raam ar quita	number (ample)	or if for a single	ompleyer plan)	2h	07/01	
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) V. BRUCE COMBEST, PSC					2 D	Employer Identi (EIN) 61-09		
							2c	Sponsor's telep	hone number
402C I	RICHM	MOND ROAD N	40.	2C RICHMOND	ROAD N			859-98	
	A, KY		BE	REA, KY 40403			2d	Business code (see instructions)
								62121	0
3a 1	Plan ad	dministrator's name	and address XSame as Plan	Sponsor Name	Same as Plar	n Sponsor Address	3b	Administrator's	EIN
							3c	Administrator's	telephone number
									•
4	16.41					41. 1	4.		
			he plan sponsor has changed umber from the last return/rep		turn/report filed to	or this plan, enter the	4b	EIN	
		or's name		011.			4c	PN	
5a	Total n	number of participant	s at the beginning of the plan	year			5a		2
b	Total n	number of participant	s at the end of the plan year				5b		2
			n account balances as of the e				5c		2
_		•	ets during the plan year investe						X Yes No
			of the annual examination and	-					
			6? (See instructions on waiver						X Yes No
	lf you	answered "No" to	either line 6a or line 6b, the	plan cannot use	Form 5500-SF	and must instead use	Form	5500.	
Caut	ion: A	penalty for the late	or incomplete filing of this	return/report w	ill be assessed	unless reasonable cau	ıse is	established.	
			other penalties set forth in the						
		dule MB completed rue, correct, and cor	and signed by an enrolled actunglete.	uary, as well as t	ne electronic ver	sion of this return/report	, and	to the best of my	knowledge and
	,								
SIGN		Filed with authorize	d/valid electronic signature.	0	4/15/2014	W. BRUCE COMBES	Γ, DM	D	
HEN	HERE Signature of plan administrator Date Enter name of individu				ual sig	gning as plan adr	ninistrator		
SIGN									
HER			loyer/plan sponsor		ate	Enter name of individ			
Prep	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					Prep	parer's telephone	number (optional)	

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Pai	rt III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Year			(b) End of Year					
a	Total plan assets	7a	24151				257897			7
	Total plan liabilities	7b		-						
	Net plan assets (subtract line 7b from line 7a)	7c	24151	1		2579			25789 ⁻	7
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-		(b) Total			20100	
	Contributions received or receivable from:		(a) Amount				(15)	Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1638	86						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							16386	6
	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								
	Net income (loss) (subtract line 8h from line 8c)	8i							1638	6
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	٠,								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
Dow	V Commission of Overstions									
Part					V	NI.	l			
10	During the plan year:	4: · · · · i da :			Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					25000
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 cinstructions.)	of the bene	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan					X				
				10f						
g h			<u> </u>	10g		X				
	2520.101-3.)			10h		X				
Dord	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		X				
Part	<u> </u>		V II ' (0 - 1	L.I. 05) /F			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	iplete	Sched		3 (Form T		Yes	X No
_11a						11a			1	
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otio = -	05-1	onto: 41	0 dot	f tha I	.ttc===	line
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and 6	Day	ie datė o	the le		iing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				401:				
b	Enter the minimum required contribution for this plan year					12b	<u> </u>			

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
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)	12d		
е	Will the 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 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 year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which 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)			
	Name of trust	14b ⊤	rust's EIN	

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).

OMB Nos. 1210-0110 1210-0089

2012

	ies in accordance with	the instructions to the	e Form 5500-SF.	to Public I	n is Open nspection
Part I Annual Report Identification Info					
For calendar plan year 2012 or fiscal plan year beginning	ng 07/01/20	12 an	d ending 0 (5/30/201	L 3
A This return/report is for:	· - '	ole-employer plan (not n	nultiemployer)	a one-participa	ant plan
B This return/report is:	•	l retum/report			
C Check box if filing under:	1 1	plan year return/report			
		tic extension	Li	DFVC program	า
Part II Basic Plan Information - enter all re	n (enter description)				
1a Name of plan	quested information		1b Three-digit		
W. BRUCE COMBEST, PSC PROFIT	C SHARING PLA	AN	plan number (P	N) 	001
		<u> </u>	c Effective date of		
				1992	
2a Plan sponsor's name and address; include room or suite r	iumber (employer, if for sin	gle-employer plan)	2b Employer Ident	ification Numb	er (EIN)
W. BRUCE COMBEST, PSC				90421	` ,
AAAA DIGWAAN DAAD		2	2c Sponsor's telep	hone number	
402C RICHMOND ROAD N		8	59-986-466	51	
DEDEA YELL	1400	2	2d Business code		ns)
BEREA KY 40			62121		
3a Plan administrator's name and address 🗵 same as	Plan Sponsor Name X Same	as Plan Sponsor Address	3b Administrator's	EIN	
		-	20 1 1 1 1 1 1 1 1 1 1	4.1.1	
			3c Administrator's	telephone nur	nber
4 If the name and/or EIN of the plan sponsor has chan	ged since the last return	/report filed for this 4	lb EIN		
plan, enter the name, EIN, and the plan number from			2		
a Sponsor's name	·	4	C PN		
5a Total number of participants at the beginning of the		5	ia 💮 💮	2	
b Total number of participants at the end of the plan			ib	2	
C Number of participants with account balances as o					
benefit plans do not complete this item)			ic	2	<u> </u>
6a Were all of the plan's assets during the plan year in				X Ye	s 📙 No
b Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-46? (See instruction				X Ye	п
If you answered "No" to either line 6a or line 6b,	the plan cannot use E	orm 5500-SE and must	t instand was Faun		s UNo
Caution: A penalty for the late or incomplete filing o					
Under penalties of perjury and other penalties set forth i	n the instructions. I dec	are that I have examine	ed this return/report	including if a	nnlicable a
Schedule SB or Schedule MB completed and signed by	an enrolled actuary, as	well as the electronic v	ersion of this return	report, and to	the best of
my knowledge and belief, it is true, correct, and complet	е.				
SIGN (a) Knice (ann.)					
HERE Signature of plan administrator		W. BRUCE CO			
Signature of plan administrator	Date	Enter name of individu	al signing as plan a	dministrator	
SIGN					
HERE Signature of employer/plan sponsor	Date	Enter name of individu	al aigning on amala		
Preparer's name (including firm name, if applicable) and					
r repairer 3 marile (including lim marile, if applicable) and	address; include room	or suite number (option	ial) Preparer's tele	ohone number	(optional)
					l

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

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Form	5500	1-SF	<i>(</i> 201	いつい

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Pa	art III Financial Information									
7	Plan Assets and Liabilities	d Liabilities (a) Beginning of Year			(b) End of Year					
<u>a</u>	Total plan assets	7a			415		1	<u> </u>		257897
<u>b</u>										
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7с		2	415	11			2	257897
8	Income, Expenses, and Transfers for this Plan Year			(a) Amo	unt		(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)]			
	(3) Others (including rollovers)	. 8a(3)]			
	Other income (loss) SEE STATEMENT 1	8b			163	886				
<u>C</u>	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c									16386
d	Benefits paid (including direct rollovers and insurance premiums to provide									
	benefits)						_			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)						_			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f					_			
<u>a</u>	Other expenses					*********				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)									
!	Net income (loss) (subtract line 8h from line 8c)									16386
	Transfers to (from) the plan (see instructions)	. 8j								
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feature of $2E-2G-2R$	codes fro	m the Li	ist of Plan	Chara	acteris	stic Code	s in t	he inst	ructions:
b										
D	If the plan provides welfare benefits, enter the applicable welfare feature co	des from	the List	t of Plan C	Charac	teristi	c Codes	in the	e instru	ıctions:
D.	rt V Compliance Questions									
10	During the plan year:				T.,	Γ	T			
				<u> </u>	Yes	No	 	<u>Ar</u>	nount	
-	Was there a failure to transmit to the plan any participant contributions within the time in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections and DOL's Voluntary Fiduciary Corrections.			10		Х				
h	Were there any nonexempt transactions with any party-in-interest? (Do not in		gram.)	10a		^	ļ			
	transactions reported on line 10a.)			405		х				
	: Was the plan covered by a fidelity bond?				Х	<u> </u>	 			25000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor			100						23000
	was caused by fraud or dishonesty?			. 10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other persons					<u> </u>	 			
_	carrier, insurance service or other organization that provides some or all of the									
	the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?					X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year er			10g		X				
	If this is an individual account plan, was there a blackout period? (See instruc									
	and 29 CFR 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required									
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		Х				
Pa	rt VI Pension Funding Compliance						<u> </u>	20000000000	200000000000000000000000000000000000000	***************************************
11	Is this a defined benefit plan subject to minimum funding requirements? (If ")	Yes," see	instruct	tions and	compl	ete				
	Schedule SB (Form 5500) and line 11a below)								Yes	X No
<u>11a</u>	Enter the amount from Schedule SB line 39					11a				
<u>12</u>	Is this a defined contribution plan subject to the minimum funding requirements of sect	tion 412 o	f the Code	e or section	1 <u>3</u> 02 c		A?	\prod	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica									
а	If a waiver of the minimum funding standard for a prior year is being amortize		plan yea	ır, see ins	tructio	ns, ar	nd enter	the d	ate of t	he letter
	ruling granting the waiver.	N	/lonth		Day			Yea		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	1 5500), a	nd skip	to line 1	3					
<u>b</u>	Enter the minimum required contribution for this plan year					12b				

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C Enter the amount contributed by the employer to the plan for this plan year		12c	1		***************************************
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus					
the left of a negative amount)		12d			
e Will the 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 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 year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another p					
under the control of the PBGC?			1	Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to another pl	an(s), identify the	plan(s	s) to wh		<u> </u>
liabilities were transferred. (See instructions.)	•	. `	•		
13c(1) Name of plan(s):	13c(2)	EIN(s	s)	13c(3)	PN(s)
Part VIII Trust Information (optional)					
14a Name of trust	14b 7	rust's	s EIN		

5500 Electronic Filing Authorization

Plan Name:	W. Bru	ce Combest,	, PSC	Profit	Sharing	Plan
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EIN/PN: 61-0990421/001

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

date

Plan Sponsor

sign

4.15.16

data