## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

		<u> </u>	Complete all en	tries in accorda	nce with the instruc	tions to the Form 550	<i>1</i> 0-5F.		
-	rt I		Identification Infor						
For	calenda	ar plan year 2013 or fis	cal plan year beginning	01/01/2013		and ending	12/31/	2013	
<b>A</b> T	his ret	urn/report is for:	a single-employer p	olan 📗 a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
Вт	his ret	urn/report is:	the first return/repor	rt 📙 th	ne final return/report				
			an amended return/	/report a :	short plan year returr	n/report (less than 12 m	onths	)	
<b>C</b> (	Check b	oox if filing under:	X Form 5558	a	utomatic extension			DFVC progra	am
			special extension (e	enter description)	)				
Pa	rt II	Basic Plan Info	rmation—enter all red	quested informati	on				
1a	Name	of plan					1b	Three-digit	
ROBE	RT I. C	GOODMAN, PSC JR.,	PROFIT SHARING TRU	JST				plan number	004
							10	(PN)	001
							10	Effective date o	•
		ponsor's name and add GOODMAN, JR., PSC	dress; include room or s	uite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-07	fication Number 32914
517	EGION	I DRIVE					2c	Sponsor's telep	
		BURG, KY 40330					2d	Business code (	
3a	Plan a	dministrator's name an	d address XSame as F	Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	
							3с	Administrator's	telephone number
4	If the n	name and/or FIN of the	nlan ananaar haa ahan	and since the lee	t roturn/ronart filed fo	r this plan anter the	415		
			plan sponsor has chang nber from the last return		t return/report filed to	or this plan, enter the	40	EIN	
		or's name		·			4c	PN	
5a	Total r	number of participants	at the beginning of the p	olan year			5a		4
b	Total r	number of participants	at the end of the plan ye	ear			5b		4
С			account balances as of t	•	•	•	5c		4
6a	Were	all of the plan's assets	during the plan year inv	vested in eligible	assets? (See instruc	tions.)			X Yes No
b	•	•	the annual examination			. ,	,		— — — — — — — — — — — — — — — — — — —
			' (See instructions on wa ther line 6a or line 6b,						X Yes   No
							_		1
С	If the p	plan is a defined benefi	t plan, is it covered unde	er the PBGC insu	irance program (see	ERISA section 4021)?		Yes No	Not determined
Caut	tion: A	penalty for the late of	or incomplete filing of t	this return/repor	rt will be assessed	unless reasonable ca	use is	established.	
SBo	r Sche		ner penalties set forth in ad signed by an enrolled blete.						
SIGN		Filed with authorized/v	valid electronic signature	э.					
HER	E	Signature of plan a	dministrator		Date	Enter name of individ	dual siç	gning as plan adn	ninistrator
SIGN	<								
HER		Signature of employ	ver/plan sponsor		Date	Enter name of individ	dual sid	aning as employe	er or plan sponsor
Prep	arer's		ame, if applicable) and a	address; include i					number (optional)
		-							•

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(h) Fr	d of V	'oar		
<u>.</u>	Total plan assets	7a		648947			(b) End of Year 797568				
	Total plan liabilities	7b		0	+					)	
	Net plan assets (subtract line 7b from line 7a)	7c	64894	7					797568	3	
8	Income, Expenses, and Transfers for this Plan Year	70			+		/b				
	Contributions received or receivable from:		(a) Amount				(D)	Total			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	14862	1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							148621		
d	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							(	)	
i	Net income (loss) (subtract line 8h from line 8c)	8i							14862	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2H 2E 3D 2F	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
	Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		163	140		AIII	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidult Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		Х					
N	on line 10a.)	•	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					100000	
d	· · · · · · · · · · · · · · · · · · ·			100						100000	
	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 instructions.)			10e		Χ					
f	,					Χ					
				10f		Χ					
9			<u> </u>	10g							
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
ī	If 10h was answered "Yes," check the box if you either provided the										
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							<u> </u>	Yes	X No	
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		•			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	] [	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter tl Day	ne date d	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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С	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

				ì			
4 If the name and/or EIN of the plan sponsor has changed since the	e last retur	n/report filed fo	or this plan, enter the	4b	FIN		
name, EIN, and the plan number from the last return/report.							
a Sponsor's name	····		~~~	40	PN		
5a Total number of participants at the beginning of the plan year				<u>5a</u>			
b Total number of participants at the end of the plan year				5b			
C Number of participants with account balances as of the end of the complete this item).	************		***********************	5c			
6a Were all of the plan's assets during the plan year invested in olig	jible assets	? (See instruc	tions_) ,		X Yes No		
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan car	y and cond in <mark>ot use F</mark> e	itions.) om 5500-SF:	and must instead use	Form !	5500.		
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see	ERISA section 4021)?	П	Yes No Not determined		
Caution: A penalty for the late or incomplete filing of this return/r	enort will b	a secocond i			717 1047		
Under penalties of penjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as belief, it is true, correct, and complete.	ne Ldada	n that I have a	management for a major and for a		hadra		
and 60 Deel		***************************************	ROBERT I. GOOD	MAN.	JR		
Hera Signature of plan administrator	Date	iem toda bi	Militaria anno properties de la composiçõe de la composiç				
	Date	10-1-1-1			ing as plan administrator		
		TA 67 111	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		<u>sdance</u>		
Preparer's name (including firm name, if applicable) and address; incl.	Date	10-13-14	Enter name of individu	al signi	ing as employer or plan sponsor rer's telephone number (optional)		
For Paparwork Reduction Act Notice and OMS Control Numbers, see the in					Form 5500-SF (2013) v. 1301 ta		
For Paparwork Reduction Act Notice and OMS Control Numbers, see the in	A Poor I have		Page 2				
Form 5500-SF 2013 130118			Page 2	**************************************			
Form 5500-SF 2013 130118	2000 Annual Processing States and Processing	(a) E			v. 130118		
Form 5500-SF 2013 130118  Part III Financial Information  7 Plan Assets and Liabilities	Pro-1979	(2) E	Beginning of Year	7	v. 130118		
Form 5500-SF 2013 130118  Partills Financial Information  Plan Assets and Liabilities  a Total plan assets		(2) E		7	v. 130118		
Form 5500-SF 2013 130118  Part III Financial Information  Plan Assets and Liabilities  Total plan assets  b Total plan liabilities	7b	(a) E	Seginning of Year 648,94		v. 130118 v. 130118		
Form 5500-SF 2013 130118  Partill Financial Information  Plan Assets and Liabilities  Total plan assets  D Total plan liabilities  C Net plan assets (subtract line 7b from line 7s)	7b	Ş	Seginaling of Year 648, 94 ( 648, 94		(b) End of Year 797, 56		
Form 5500-SF 2013 130118  Partill Financial Information Plan Assets and Liabilities Total plan assets  Total plan liabilities C Net plan assets (subtract line 7b from line 7s) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7b 7c	Ş	Seginning of Year 648,94		v. 130118 v. 130118		
Form 5500-SF 2013 130118  Partills Financial Information  Plan Assets and Liabilities  Total plan assets  b Total plan liabilities  c Net plan assets (subtract line 7b from line 7a)  Income, Excenses, and Transfers for this Plan Year  a Contributions received or receivable from:  (1) Employers	7b 7c 8a(1)	Ş	Seginaling of Year 648, 94 ( 648, 94		v. 130118 (b) End of Year 797, 56 (b) Total		
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FROM : DR. ROBERT GOODMAN P.S.C. PHONE NO. : 8597347700

Jun. 09 2012 07:06AM P3

	Form: 5500-SF 2013 130118 Page 3 -				
C	Enter the amount contributed by the employer to the plan for this plan year		12c		A CONTRACTOR OF THE PROPERTY O
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ftofa	12d	Marine Control	Web Web was
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [] N/A
Pir	VII Plan Terminations and Transfers of Assets				1100
13a	Has a resolution to terminate the plan been adopted in any plan year?			es X No	
AN THE PROPERTY OF THE PROPERT	If "Yes," enter the amount of any plan assets that reverted to the employer this year	M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	13a		
b		t rođes the s			∏ Yes 🕅 No
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred, (See instructions.)	the plan(s) t	0		1 123 E. 140
1	13c(1) Name of plan(s):	13	c(2) Ell	N(s)	13c(3) PN(s)
	Robert I. Goodman PSC Patit Stu		073	2914	100(0) 1 10(0)
Part	Trust Information (optional)	- DI-Z	<del></del>	~~». <del></del>	***************************************
	Name of trust	11	4b Tr	uet's EIN	
************************					