## 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

Da							JU-5F.		
Pa	rt I	Annual Report I	dentification Informa	ition					
For o	calenda	ar plan year 2013 or fis	cal plan year beginning	06/01/2013		and ending	05/31/	2014	
<b>A</b> T	his ret	urn/report is for:	a single-employer plan	Па	multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
ВТ	his ret	urn/report is:	the first return/report	th	ne final return/report				
			an amended return/repo	ort a s	short plan year returr	/report (less than 12 n	nonths	)	
C	Check b	oox if filing under:	Form 5558	aı	utomatic extension			DFVC progra	am
			special extension (enter	description)					
Pa	rt II	Basic Plan Infor	mation—enter all reques	ted information	on				
1a	Name	of plan					1b	Three-digit	
SHER	MAN C	CARTER BARNHART I	PSC 401K PROFIT SHARIN	IG PLAN				plan number	
							10	(PN)	001
							10	Effective date of 06/01/	•
		consor's name and add	ress; include room or suite	number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 61-09	fication Number 73444
0.405							2c	Sponsor's telep	
		DDSBURG RD I, KY 40504-3329					2d	Business code (	
								54131	
3a	Plan ad	dministrator's name an	d address XSame as Plan	Sponsor Nan	me Same as Plan	Sponsor Address	3b	Administrator's I	EIN
							3с	Administrator's t	telephone number
4	If the n	ama and/ar FINI of the	nlan ananasa basa da ar						
		iame ano/or Fils or me	pian sponsor has changed	since the last	t return/report filed fo	r this plan, enter the	4h	FINI	
_			plan sponsor has changed ber from the last return/rep		t return/report filed fo	r this plan, enter the	4b	EIN	
	name,				t return/report filed fo	r this plan, enter the		PN PN	
a	name, Sponso	EIN, and the plan num or's name		ort.	•	· 			76
а 5а	name, Sponso Total r	EIN, and the plan num or's name number of participants	ber from the last return/rep	ort. year			4c		76 77
a 5a b	name, Sponso Total r Total r Numbe	EIN, and the plan num or's name number of participants a number of participants a er of participants with a	ber from the last return/rep	year	n year (defined bene	fit plans do not	4c 5a		
a 5a b c	name, Sponso Total r Total r Numbe comple	EIN, and the plan number's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan at the end of the plan year coount balances as of the e	year	n year (defined bene	fit plans do not	4c 5a 5b 5c	PN	77
a 5a b c 6a	name, Sponso Total r Total r Number compli Were Are yo	EIN, and the plan number's name number of participants and participants with a lete this item)	at the beginning of the plan at the end of the plan account balances as of the eduring the plan year investigation and the annual examination and	yearend of the planed in eligible a	n year (defined bene assets? (See instruction	fit plans do not  ions.)	4c 5a 5b 5c	PN	77 77 X Yes No
a 5a b c 6a	name, Sponso Total r Total r Numbe compl Were Are younder	EIN, and the plan number's name number of participants and the plan participants are referred participants with a sete this item)	at the beginning of the plan at the end of the plan eccount balances as of the eccount balances as of the eccount balances are invested the annual examination and (See instructions on waiver	yearend of the planed in eligible at report of an eligibility and	n year (defined bene assets? (See instruct independent qualified d conditions.)	fit plans do not ions.)d public accountant (IC	4c 5a 5b 5c QPA)	PN	77
a 5a b c	name, Sponso Total r Total r Numbe comple Were Are you under If you	EIN, and the plan number's name number of participants are of participants with a lete this item)	at the beginning of the plan at the end of the plan pear account balances as of the eduring the plan year investe the annual examination and (See instructions on waiver there ine 6a or line 6b, the	yearend of the planed in eligible at report of an eligibility and plan cannot	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c . 5c . 5c . Form	PN	77 77 X Yes No X Yes No
a 5a b c	name, Sponso Total r Total r Numbe comple Were Are you under If you	EIN, and the plan number's name number of participants are of participants with a lete this item)	at the beginning of the plan at the end of the plan eccount balances as of the eccount balances as of the eccount balances are invested the annual examination and (See instructions on waiver	yearend of the planed in eligible at report of an eligibility and plan cannot	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF	fit plans do not tions.)d public accountant (IC	4c 5a 5b 5c . 5c . 5c . Form	PN	77 77 X Yes No
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5a b c 6a b	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p	EIN, and the plan number of participants and the plan participants are referred for participants with a set of participants and of the plan's assets the claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit olan is a defined benefit of penalty for the late calties of perjury and other participants.	at the beginning of the plan at the end of the plan year account balances as of the education of the plan year invested the annual examination and (See instructions on waiver her line 6a or line 6b, the plan, is it covered under the rincomplete filing of this er penalties set forth in the disigned by an enrolled activity.	year  end of the plan ed in eligible a freport of an eligibility and plan cannot e PBGC insu  return/repor instructions, I	n year (defined bene assets? (See instruct independent qualifie d conditions.)use Form 5500-SF urance program (see rt will be assessed u	fit plans do not  cions.)	4c 5a 5b 5c PPA) se Form use is eport, in	PN    1 5500.   Yes  No  established.   No cluding, if applic	77  77  X Yes No  X Yes No  Not determined  able, a Schedule
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a 5a b c c 6a b C C Caur Under SB c belie	name, Sponso Total r Total r Numbe comple Were Are you under If you If the p er pena or Sche ef, it is t	EIN, and the plan number of participants and the participants are referred participants with a sete this item)	at the beginning of the plan at the end of the plan year account balances as of the eduction of the annual examination and (See instructions on waiver the line 6a or line 6b, the plan, is it covered under the plan action of the plan in the disigned by an enrolled action of the plan year.	year  end of the plan ed in eligible a freport of an eligibility and plan cannot e PBGC insu  return/repor instructions, I	n year (defined bene assets? (See instruct independent qualified d conditions.)	fit plans do not  cions.)	4c 5a 5b 5c Form	PN    15500.   Yes   No     No   established.   No   established   establ	77 77 X Yes No X Yes No Not determined  able, a Schedule knowledge and
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Form 5500-SF 2013 Page **2** 

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of	Voar		
<u>'</u>	Total plan assets	7a	(a) Beginning of Tea				` ,	1715621	9	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1463911	9				715621	9	
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(6) 10	aı		
	(1) Employers	8a(1)	27695	3						
	(2) Participants	8a(2)	36131	9						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	192775	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2566023	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4479	9						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	412	4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4892	3	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						251710	0	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	Δ	mount		
а				10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
c				10c	X				500	000
d	· · · · · · · · · · · · · · · · · · ·			100					300	500
	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				V					
	instructions.)		. `	10e	X				46	812
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 e	end.)	10q		Χ				
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes	×	No
112	Enter the unpaid minimum required contribution for current year fr					11a				
	· · · · · · · · · · · · · · · · · · ·		,				EDICAG	☐ Yes	¥	No
12	Is this a defined contribution plan subject to the minimum funding			or se	cuon	3UZ Of	EKISA!	res	^	INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			ctions	and 4	enter ti	ne date of the	letter ri	ılina	
	granting the waiver.		Mon		, and t	Day		ear	19	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401	I			
b	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	

## 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

2013

This Form is Open to Public Inspection

	art   Annual Report Identification Information				
For		/01/2013	and ending	05/31/2	
A	This return/report is for: $oxed{X}$ a single-employer plan $oxed{\Box}$ a	multiple-employer pla	an (not multiemployer)	a one-par	ticipant plan
В	This return/report is: the first return/report t	ne final return/report			
	an amended return/report a	short plan year return	/report (less than 12 mi	onths)	
C	Check box if filing under: Form 5558	utomatic extension		DFVC pro	ogram
	special extension (enter description)	)			
Pa	irt II Basic Plan Information—enter all requested informati	on			
	Name of plan			1b Three-digit plan numbe	,
	SHERMAN CARTER BARNHART PSC 401K			(PN)	001
	PROFIT SHARING PLAN			1c Effective da	te of plan
				06/01/1	983
2a	Plan sponsor's name and address; include room or suite number (em SHERMAN CARTER BARNHART PSC	ployer, if for a single-	employer plan)	2b Employer Id (EIN) 61-0	entification Number ) 973444
				2c Sponsor's to (859) 2:	elephone number 24-1351
	2405 HARRODSBURG RD			I .	de (see instructions)
	LEXINGTON		40504-3329	541310	
3a	Plan administrator's name and address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b Administrato	or's EIN
				3c Administrate	or's telephone number
				1	
					•
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN	
7	name, EIN, and the plan number from the last return/report.	at localistoport mod to	i ilia piari, orto: are	40 EIN	
a	Sponsor's name			4c PN	
5a	Total number of participants at the beginning of the plan year			5a	76
b	Total number of participants at the end of the plan year	M4 #8 # 4 14 12 12 12 12 12 12 12 12 12 12 12 12 12	######################################	5b	77
	Number of participants with account balances as of the end of the placemplete this item)	• •	-	5c	77
	Were all of the plan's assets during the plan year invested in eligible	•	•		X Yes No
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar				X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno	•			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?	Yes No	Not determined
Car	ution: A penalty for the late or incomplete filing of this return/repo	et will be accepted	unlace raceanable an	uco in optablished	
$\overline{}$	ter penalties of periury and other penalties set forth in the instructions.		<del></del>		
SB	or Schedule MB completed and signed by an enrolled actuary, as well ef, it is true, correct, and complete.				
SIC		12.19.14	SUSAN MOONEY		
HE	Signature of plan administrator	Date	Enter name of individ	lual signing as plan	administrator
SIC		12.19.14	SUSAN MOONEY		
HE	Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor
Pre	parer's name (including firm name, if applicable) and address; include	room or suite numbe	r (optional)	Preparer's teleph	one number (optional)
ĺ					

Pa	THIS Financial Information						
7	Plan Assets and Liabilities	1000	(a) Beginning of Yea				(b) End of Year
а	Total plan assets	7a	14,639	9,11	.9		17,156,219
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	14,63	9,11	. 9		17,156,219
8	Income, Expenses, and Transfers for this Plan Year	至實際 2	(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(4)	27:	6,95	3	17.00	
	(1) Employers	8a(1)		1,31		gegneg menen	
	(2) Participants	8a(2)		-,	2000	2020/202 2020/202	n di Karlandi di samphan para panggan 1992. Bangan di sampan s
	(3) Others (including rollovers)	8a(3)	1,92	7.75	ক্ষেত্র 1 উপ্টি		
	Other income (loss)	8b	Secretarios I reservados diferentes escar	1505 1501D	767 767	State State 1	2,566,023
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d		4,79	9		
е	Certain deemed and/or corrective distributions (see instructions)	8e			1405	是別	
f	Administrative service providers (salaries, fees, commissions)	8f		4,12	24	120	
g	Other expenses	8g			15(A) 15(A)	數學	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			58. 58.		48,923
i	Net income (loss) (subtract line 8h from line 8c)	8i	<b>经验证证证证证证证证证证</b>	1.15	ŽŽ		2,517,100
j	Transfers to (from) the plan (see instructions)	- 8j			53% 41.45		
b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E						
<u>ган</u> 10					Yes	No	1
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		•	10a	169	X	Amount
b		? (Do not	include transactions reported	10b		Х	
C			***************************************	10c	Х		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	·
е		ner person of the ben	s by an insurance carrier, efits under the plan? (See	10e	Х		46,812
f	Has the plan falled to provide any benefit when due under the pla	n?	**************************	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101			
Part	VI Pension Funding Compliance						. , , , , , , , , , , , , , , , , , , ,
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	iule Si	3 (Form Yes X No
_11a	Enter the unpaid minimum required contribution for current year f					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						
	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.		Mon		, and o	enter tl Day	<del>_</del>
	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
<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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (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 thi	s year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?						Yes	X N
C	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan	n(s) t	o				
	13c(1) Name of plan(s):		13	lc(2) E	lN(s)		13c(3)	PN(s)
Pari	t VIII. Trust Information (optional)					1		,
14a	Name of trust			14b T	rust's El	N		