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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	dance with the instruc	tions to the Form 5500	-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report I	dentification Information							
For calend	ar plan year 2013 or fise	cal plan year beginning 07/01/201	3	and ending 06	6/30/20)14			
A This ret	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-partici	oant plan		
B This ret	turn/report is:	the first return/report	the final return/report						
		an amended return/report	j , , , ,	n/report (less than 12 mo	ontns)	7			
C Check	box if filing under:	Form 5558 X	automatic extension		L	DFVC progra	am		
Dant II	Dania Blandufan	<u> </u>	•						
Part II		mation—enter all requested inform	ation		41				
1a Name		S OLIA DINIO DI ANI				Three-digit olan number			
JEFFREY S.	HOFER, PSC PROFIT	SHARING PLAN				PN)	002		
						Effective date o			
					10 1	07/01			
	ponsor's name and add . HOFER, PSC	dress; include room or suite number (e	employer, if for a single-	employer plan)		Employer Identi	fication Number		
JEFFRETS	. HOPER, F3C			-	<u>`</u>	EIN) 61-10 Sponsor's telep	07513 hone number		
2816 VEAC		2816 VEACH				270-68			
OWENSBO	RO, KY 42303	OWENSBOR	RO, KY 42303		2d Business code (see instruction 621111				
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b A	Administrator's	EIN		
				-	3c A	Administrator's	telephone number		
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b ∃	EIN			
	, EIN, and the plan num or's name	nber from the last return/report.			4c F	PN			
5a Total i	number of participants a	at the beginning of the plan year			5a		10		
b Total i	number of participants a	at the end of the plan year			5b		10		
		account balances as of the end of the	. , ,		5c		10		
		during the plan year invested in eligib					X Yes No		
		the annual examination and report of					₩ vaa □ Na		
		(See instructions on waiver eligibility					X Yes No		
-		ther line 6a or line 6b, the plan cann					1		
C If the p	olan is a defined benefit	t plan, is it covered under the PBGC ir	nsurance program (see	ERISA section 4021)?	۱ 🗌	Yes No	Not determined		
Caution: A	penalty for the late o	or incomplete filing of this return/re	port will be assessed	unless reasonable caus	se is es	stablished.			
		er penalties set forth in the instruction					able, a Schedule		
SB or Sche		d signed by an enrolled actuary, as w							
SIGN	Filed with authorized/v	valid electronic signature.							
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	ıal signi	ing as plan adn	ninistrator		
SIGN									
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ıal sinni	ing as employe	er or plan enoneor		
Preparer's		ame, if applicable) and address; include					number (optional)		
-	- (- : ::-:::g	,,,,		(1/	-1	p	(3,5,0,0,0,0)		
				L					
				1					

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	d of Y	ear	
a	Total plan assets	7a	453910				(2) 2		759522	2
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	453910	7				4	759522	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
	Contributions received or receivable from:		(a) runount				(2)	Total		
	(1) Employers	8a(1)	4858	2						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	17183	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	220415	;
d	Benefits paid (including direct rollovers and insurance premiums 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								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							22041	5
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	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 instru	ction	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
					Χ					500000
				10c						500000
d	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		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Χ				
h		(See instru	uctions and 29 CFR	10h		Х				
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	ne required	d notice or one of the	10i		X				
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	X No
44-	5500) and line 11a below)							· _	168	^ NO
	Enter the unpaid minimum required contribution for current year fr					11a		T -		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.	. _	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - ·			′ ئا-لىم	1h - '		llin e:
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon		, and e	enter th Day	ie date of	the le		iing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401				
b	Enter the minimum required contribution for this plan year				[12b	Ī			

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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust'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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open

Pension Benefit Guaranty Corporation	Complete all entrie	s in accordance wi	un the instructions to t	ne Form 5500	-Sr. to Public	Inspection			
Part I Annual Report Ide	ntification Infor								
For calendar plan year 2013 or fisca			013 a	and ending	06/30/20	14			
A This return/report is for:	X a single-employer	plan a mul	ltiple-employer plan (not	multiemployer) 🔲 a one-particip	ant plan			
B This return/report is:	the first return/rep		nal return/report						
	an amended retur		ort plan year return/repor	rt (less than 12	months)				
C Check box if filing under:	Form 5558	X autor	matic extension		DFVC program	n			
B : Bl		(enter description)							
Part II Basic Plan Informa	ation - enter all req	uested information		1					
1a Name of plan	DCC DDOETM	CHADING D	T 7/17	1b Three-die	git nber (PN)	0.00			
JEFFREY S. HOFER,	PSC PROFIT	SHARING P.	LAN			002			
				1c Effective					
2a Dian ananan'a nama and address in			-11		7/01/1992				
2a Plan sponsor's name and address; in JEFFREY S. HOFER,		mber (employer, it for	single-employer plan)		r Identification Numb	per (EIN)			
OEFFREI S. HOFER,	FBC				1-1007513				
2816 VEACH ROAD				270-684	's telephone number	r			
2010 VERCH ROAD					······				
OWENSBORO	KY 42	303			s code (see instruction 2 1 1 1 1 1	ons)			
3a Plan administrator's name and a			ame as Plan Sponsor Address	3b Administ					
oa i lan administrator s name and a	Iddiess Fig Same as F	rian Sponsor Name 🛂 Sa	ame as Plan Sponsor Address	SD Administ	rator's EIN				
				3c Administ	trator's telephone nu	ımber			
				OC Administ	rator s telephone nu	IIIDei			
4 If the name and/or EIN of the plar	n sponsor has chang	ed since the last retu	urn/report filed for this	4b EIN					
plan, enter the name, EIN, and the									
a Sponsor's name				4c PN					
·									
5a Total number of participants at	the beginning of the	plan year		5a	10				
b Total number of participants at	the end of the plan y	ear		5b	10				
C Number of participants with acc	count balances as of	the end of the plan	year (defined						
benefit plans do not complete t	this item)			5c	10				
6a Were all of the plan's assets du	iring the plan year inv	ested in eligible ass	ets? (See instructions.)		X Y	es No			
b Are you claiming a waiver of the	e annual examination	and report of an ind	lependent qualified pub	lic accountant	_				
(IQPA) under 29 CFR 2520.104	-46? (See instruction	s on waiver eligibility	and conditions.)		X Y	es No			
If you answered "No" to eithe					e Form 5500.				
c If the plan is a defined benefit plan,			······································			ot determined			
Caution: A penalty for the late or									
Under penalties of perjury and other	penalties set forth in	the instructions, I d	leclare that I have exami	ined this return	/report, including, if	applicable, a			
Schedule SB or Schedule MB compl my knowledge and belief, it is true, c	correct, and complete	an enrolled actuary,	as well as the electronic	version of this	return/report, and to	o the best of			
	<i></i>								
SIGN /	4	3/16/15							
HERE Signature of plan administr	1/ rathr	5 / (6 / 1) Date /	Enter name of individ	dual eigning ae	nlan administrator				
7		Date /	Enter name of mark	dual signing as	plan administrator				
SIGN									
HERE Signature of employer/plan	n sponsor	Date	Enter name of individ	dual signing as	employer or plan sr	onsor			
Preparer's name (including firm name		<u> </u>			er's telephone numbe	· · · · · · · · · · · · · · · · · · ·			
Topaidi di namo (moloding mili han	no, a applicable, allu	address, Hickar IOC	on or some number (opu	onal) Frepare	т этаврноне питре	a (obtional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 318571 07-17-13

Form 5500-SF (2013)

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Begi	inning	of Ye	ar	(b) End of \	'ear	
а	Total plan assets	7a			391			4	759522	
b	Total plan liabilities	7b								
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		45	391	07	475952			
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amo	unt		(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			485	82				
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss) SEE STATEMENT 1	8b		1	718	33				
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	220415	
d	Benefits paid (including direct rollovers and insurance premiums to provide									
	benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i					220415			
j	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics									
9a		odes fro	m the List c	of Plan	Chara	acteris	tic Codes	in the ins	tructions:	
	2E 2G 2R									
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	les fron	the List of	Plan C	Charac	teristi	c Codes i	n the instr	uctions:	
-	rt V Compliance Questions	·····		-	r	<u>,</u>	r			
<u>10</u>	During the plan year:			·	Yes	No	<u> </u>	Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time p					۱.,				
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct		gram.)	10a		X				
D	Were there any nonexempt transactions with any party-in-interest? (Do not income					١				
	transactions reported on line 10a.)			10b	7,	X	<u> </u>	-		
	Was the plan covered by a fidelity bond?			10c	X				00000	
a	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond					١,,				
	was caused by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons l	-				ļ				
	carrier, insurance service, or other organization that provides some or all of th					v				
	the plan? (See instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan?			10f		X				
	Did the plan have any participant loans? (If "Yes," enter amount as of year en			10g		X				
п	If this is an individual account plan, was there a blackout period? (See instruc					v				
· · ·	and 29 CFR 2520.101·3.)			10h		X				
	If 10h was answered "Yes," check the box if you either provided the required					v	**************			
D.	of the exceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10i		X				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "You can be study on the study of								- V	
110	Schedule SB (Form 5500) and line 11a below)							Yes	X No	
	Enter the unpaid minimum required contribution for current year from Schedu	·				11a		11,,	V	
<u>12</u>	Is this a defined contribution plan subject to the minimum funding requirements of section (15 Year * complete line 12a or lines 12b, 12a, 12d, and 12a below as a reliable		or the Code or	sectio	п 302	of ERIS	A7	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicate the province of the minimum funding attacked for a prior way is being a standard for a prior way in being a standard for way in the standard for a prior way in the standard for a prior way in the standard for way in the standard for way in the standard for th									
a	If a waiver of the minimum funding standard for a prior year is being amortized			iee ins	_		ia enter tl		tne letter	
14	ruling granting the waiver.		Month	11	Da	у		Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form					40:				
_ <u>n</u>	Enter the minimum required contribution for this plan year					12b				

5500 05 0040 400440			1		
orm 5500-SF 2013 130118	Page 3-		L		
C Enter the amount contributed by the employer to the plan for this plan year		12c	Γ		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s		† <u> </u>			
the left of a negative amount)	-	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			es .	No	N/A
Part VII Plan Terminations and Transfers of Assets			······		
3a Has a resolution to terminate the plan been adopted in any plan year?			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	n, or brought				
under the control of the PBGC?				Yes	X No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan	n(s), identify the	plan(s) to wh	ich assets or	
liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3)	PN(s)

Part VIII Trust Information (optional)					
4a Name of trust	14b	Trust's	EIN		
			-	-	

5500 Electronic Filing Authorization

I hereby authorize Psimer & Associates, Inc. to electronically file the above return with the US

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

EIN/PN: 61-1007513/002

Plan Year: 7/1/2013 - 6/30/2014

Department of Labor's Electronic Filing Accep	tance System (EFAST).
	nd understand a scanned copy of this return bearing my cronic filing and posted on the US Department of Labor's
Plan Administrator sign 3/16/15 date	Plan Sponsor sign 3/16/15 date