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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	n the instructions to the Form 5500	-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/20)11		
	This return/report is for: a single-employer plan This return/report is: the first return/report This ret		-employer plan (not multiemployer) eturn/report		a one-particip	ant plan	
_			in year return/report (less than 12 mo	nthe)			
_	H_ ' H	•	. `	ли <i>пъ)</i> Г	7 5540		
C	Check box if filing under:		extension		DFVC progra	m	
	special extension (enter descriptio						
	Irt II Basic Plan Information—enter all requested information	ation					
	Name of plan				Three-digit		
NK M	ANAGEMENT COMPANY, LLC 401(K) PLAN				olan number	001	
			-		(PN)		
				16	Effective date of 01/01/	•	
	Plan sponsor's name and address; include room or suite number (en IANAGEMENT COMPANY, LLC	mployer, if	for a single-employer plan)		Employer Identif	ication Numb	er
	,		-		L 11 1)		
				20	Sponsor's telept		
	ORK STREET PORT, KY 41071			2d F	Business code (see instruction	ns)
					48531		,
	Plan administrator's name and address (if same as plan sponsor, er ANAGEMENT COMPANY, LLC 629 YORK ST		.")	3b /	Administrator's E		
	NEWPORT, K	XY 41071		3c /	Administrator's t		nber
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b		-	
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a	1		
b	Total number of participants at the end of the plan year		-				
	Number of participants with account balances as of the end of the p			5b			
C	complete this item)	,	•	5c			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQF	PA)			- -
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.			
	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		`
а	Total plan assets	. 7a	19024			1570	
b	Total plan liabilities		0)
С	Net plan assets (subtract line 7b from line 7a)	7c	19024			1570	J
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	442				
	(2) Participants		850	_			
		8a(2)					
L	(3) Others (including rollovers)	8a(3)	666	_			
b	Other income (loss)	8b	000			1958	2
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1950)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	19412				
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				19412	2
i	Net income (loss) (subtract line 8h from line 8c)	8i				-17454	1
j	Transfers to (from) the plan (see instructions)	8j					
			•				

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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 3D
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X						98
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
İ	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X 1	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?		Yes	X 1	Vo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						ter ruli	_	
				12b					
	Enter the minimum required contribution for this plan year			12c					
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u>_</u>	Yes	$\overline{\Box}$	o ×	N/	Α
Part									_
	Has a resolution to terminate the plan been adopted in any plan year?			Пу	es X No	<u> </u>			
Iou	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	Ш .	00 11 11				
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol					
	of the PBGC?						Yes	1 X	Vo
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to						
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)		3c(3)	PN(s	s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ıse is	establi	shed.				
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/12/2012	THOMAS NICOLAUS JR.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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.

1210-0089

OMB Nos. 1210-0110

2011

This Form Is Open to Public Inspection

P	art I Annual Report Identification Information	- (/ -			10/01/001	1
For		1/01/2	011 and ending		12/31/201	
Α	This return/report is for: 🔲 a single-employer plan	a multiple	-employer plan (not multiemployer)	L	a one-particip	ant plan
В	This return/report is:	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)		
С	Check box if filing under: Form 5558	automatic	extension	[DFVC program	11
_	special extension (enter description	n)				
P:	art II Basic Plan Information—enter all requested information	ation				
	Name of plan			1b	Three-digit	
	NK MANAGEMENT COMPANY, LLC 401(K) PLAN			l	plan number	0.01
					(PN) ▶ Effective date of	001
					01/01/2004	•
22	Plan sponsor's name and address; include room or suite number (e	molover, if	for a single-employer plan)		Employer Identifi	
2.4	NK MANAGEMENT COMPANY, LLC				(EIN) 61-129	
				2c	Sponsor's telept	one number
					(859) 746 <u>-</u>	
	629 YORK STREET			2d	Business code (s	see instructions)
	NEWPORT		KY 41071	26	485310	711.1
3a	Plan administrator's name and address (if same as plan sponsor, ei SAME	nter "Same	")	30 .	Administrator's E	:II¥
	OF A TO			3c	Administrator's to	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/i	eport filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponsor's name		•	4c	PN	
<u>a</u>				5a	1	8
b	Total number of participants at the end of the plan year			5b		6
c	Number of participants with account balances as of the end of the					
	complete this item)			5c		6
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		*****	X Yes No
þ	Are you claiming a walver of the annual examination and report of	an indeper	ident qualified public accountant (IQ	PA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F					ET []
Pź	irt III Financial Information	OTHI GOVO				
7	Plan Assets and Liabilities	100	(a) Beginning of Year		(b) End	of Year
a	Total plan assets	. 7a	19,02	24		1,570
b	Total plan liabilities	. 7b		0		(
c	Net plan assets (subtract line 7b from line 7a)		19,02	24		1,570
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
a	Contributions received or receivable from:					
	(1) Employers	. 8a(1)	44			
	(2) Participants	. 8a(2)	85	20		
	(3) Others (including rollovers)					
b	Other income (loss)		66	96	rand described for the first	1 050
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	P. F. Akingak Barga Taraha Kanisa Barga, Indi Yang malaha Indi III			1,958
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	19,43	L2		
е	Certain deemed and/or corrective distributions (see instructions)					
f	Administrative service providers (salaries, fees, commissions)	Γ΄				
g	Other expenses					
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)					19,412
i	Net income (loss) (subtract line 8h from line 8c)					(17,454)
j	Transfers to (from) the plan (see instructions)					
-			·			

f Has the plan falled to provide any benefit when due under the plan?	•	t .							
Part V		Form 5500-SF 2011 Page 2 -							
Part V	Par	IV Plan Characteristics					 		
Part V Compliance Questions	9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	:	
10 Ouring the plan year: A Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510-3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in t	ihe instru	ctions:		
100 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntery Fidedary Correction Program)	Part	V Compliance Questions							·····
29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program). 10a	10			Yes	No		Amo	ount	
c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions pold to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under 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 end.)	а	Was there a failure to transmit to the plan any participant contributions within the time period described in	E .		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 8 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan'? (See instructions, a). 9 If Has the plan failed to provide any benefit when due under the plan? 9 Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	b		10b		Х				
or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any perticipant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?	10c		Х				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). 9 f Has the plan failed to provide any benefit when due under the plan?	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of the benefits under the plan? (See	100	х					98
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.] If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compliance It is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)	f				Х				
2520,101-3)	g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)	h		10h		Х				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)	i		10i						
Section Sect	art								
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sklp to line 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year. 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). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC?	11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SE	3 (Form	. [Yes	X No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. 12b C Enter 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). Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. If "Yes," enter the amount of any plan assets that reverted to the employer this year. 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Cautton: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and	12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	orse	ction 3	02 of	ERISA?	[]	Yes	X No
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year	а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	nter th	ne date o	f the let	ter rul	ing .
C Enter the amount contributed by the employer to the plan for this plan year	lf y				way		, I Cai	·	
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)	b	Enter the minimum required contribution for this plan year			12b				
negative amount)	C	Enter the amount contributed by the employer to the plan for this plan year		[12c				
Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	d			[12d				
Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			,	Yes		lo X	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	art	VII Plan Terminations and Transfers of Assets							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a	Has a resolution to terminate the plan been adopted in any plan year?	,,,,,,,,,	,,,,,,,	Y	es X	No	·	
of the PBGC?		If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and	b							Yes	X No
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and	С		ie plar	ı(s) to					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and	1	3c(1) Name of plan(s):		130	(2) El	N(s)	1	3c(3)	PN(s)
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and									
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and	Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is e	establ	ished.	<u> </u>		
Desert a la que conece aon combiere	Unde SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cluding	g, if appli	cable, a y know	a Sche ledge	edule and

SIGN HERE Signature of employer/plan sponsor

SIGN HERE Signature of employer/plan sponsor

Date Enter name of individual signing as employer or plan sponsor