## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## **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 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number DJK, INC. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1991 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DJK. INC 61-1048835 (EIN) 2c Sponsor's telephone number 859-743-0461 **402 SCOTT STREET** COVINGTON, KY 41011 2d Business code (see instructions) 445310 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 61-1048835 DJK. INC. 402 SCOTT STREET COVINGTON, KY 41011 **3c** Administrator's telephone number 859-743-0461 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 61 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 56 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2171282 1972918 Total plan assets..... 7a 0 7b Total plan liabilities..... 1972918 2171282 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers ..... 0 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -137229 **b** Other income (loss)..... 8b -137229 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 61135 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 61135 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -198364 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions) ......

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Part IV	Plan	(:hara	cteristic	S

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
  - 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	Α	mount		
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				
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		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes X 1	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X 1	No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting 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			12b				
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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/	Α	
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	1	За	<u> </u>				
b	<b>b</b> 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 which assets or liabilities were transferred. (See instructions.)	he pla	. ,					
13c(1) Name of plan(s):						<b>13c(3)</b> PN(s	3)	
	ion. A nonella fautho late on incomplete fillion of this control of the control o	<u> </u>		4-1.1	in hand			
-	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retr					o o Cobodulo		
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	06/13/2012	GREG DEPENBROCK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/13/2012	GREG DEPENBROCK
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 section 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

2011

This Form is Open to Public Inspection

Pε	Annual Report Identification Information					,	
	he calendar plan year 2011 or fiscal plan year beginning	01/01/	2011	and ending	12/	31/2011	
A T	This return/report is for: x a single-employer plan a	a multiple-e	mployer plar	n (not multiemployer)		a one-participant plan	
		he final retu	ırn/report				
		a short plan	year return/	report (less than 12 mor	iths)		
c d	님	automatic e			П	DFVC program	
	special extension (enter description)						
		nation					
	Int II Basic Plan Information enter all requested inform Name of plan	ialion.			1b ⊤	hree-digit	
ıa					pl	lan number	
	DJK, INC. PROFIT SHARING PLAN			ļ		PN) ► 001  ffective date of plan	
						1/01/1991	
<del>2a</del>	Plan sponsor's name and address; include room or suite number (emp	oloyer, if for	single-empl	oyer plan)		mployer Identification Number	
	DJK, INC.				<u>(E</u>	EIN) 61-1048835	
						lan sponsor's telephone number	
	402 SCOTT STREET					859) 743-0461	
				,		Susiness code (see instructions) 45310	
US	COVINGTON KY 41011	r "Cama"\				dministrator's EIN	
sа	Plan administrator's name and address (If same as plan sponsor, ente Same	Jame)				Commence of the Commence of th	
					3c ^	Administrator's telephone number	
					JU P	sammentator o telephone flamber	
					45 =	-1A1	
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	t return/rep	ort filed for th	nis plan, enter the	4b ein		
а	Sponsor's Name				4c F		
5a	Total number of participants at the beginning of the plan year				5a	62	
b	Total number of participants at the end of the plan year				5b	61	
С	Number of participants with account balances as of the end of the pla complete this item)				5c	56	
<u>6a</u>	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instruction	s.)		XYes No	
b	Are you claiming a waiver of the annual examination and report of an	independer	nt qualified p	ublic accountant (IQPA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	s.)			<u>X</u> YesNo	
jan en e	If you answered "No" to either 6a or 6b, the plan cannot use For	m 5500-SF	and must it	istead use Form 5500.			
P	art III Financial Information		(c)	Beginning of Year		(b) End of Year	
-	Plan Assets and Liabilities	. 7a	(a)	2,171,282		1,972,918	
a	Total plan assets	7a 7b		2,171,202		0	
b	Total plan liabilities	76 7c		2,171,282		1,972,918	
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)			(a) Amount		(b) Total	
a	Contributions received or receivable from:						
	(1) Employers	. 8a(1)		0			
	(2) Participants	. 8a(2)		0	$\dashv$		
_	(3) Others (including rollovers)	. 8a(3)	<u> </u>	(127 220)	$\dashv$		
b		. 8b		(137,229)		(127 000)	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c				(137,229)	
d	to provide benefits)	. 8d		61,135			
е	and the state of t	. 8e		0			
f	Administrative service providers (salaries, fees, commissions) .	. 8f		0			
g	Other expenses	. 8g		0			
h		. 8h				61,135	
i	Net income (loss) (subtract line 8h from line 8c)					(198,364)	
	Transfers to (from) the plan (see instructions)	. 8j		0			

	Form 5500-SF 2011 Page 2-		_				
Part	IV Plan Characteristics						
	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characte	ristic	Codes	s in the	instructions:		
<b>b</b> If	2E 3D the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterian provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterian	istic C	odes	in the ir	nstructions:		
Part	V Compliance Questions						
10	During the plan year:		Yes	No	Ame	ount	
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			х			
	on line 10a.)	10b	1	-			<u></u>
,C	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		х			
e <sub>.</sub>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See						
	instructions.)	10e	ļ	X			
f	Has the plan failed to provide any benefit when due under the plan?	10f	ļ	x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	_	x			-
i	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					
	VI Pension Funding Compliance	1.4. 0	\_l	de CD /	Г		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	iete S				Yes	x No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	r sect	tion 30	)2 of EF	RISA?	Yes	ХNо
а	granting the waiver	tions, nth	and e	nter the Day	date of the let	ter ruling ear	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		ſ	12b	T		·
b	Enter the minimum required contribution for this plan year	• •	.	12c			
c C	Enter the amount contributed by the employer to the plan for this plan year	 ofa					
a	negative amount)		. [	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			• •	Yes	No	∐N/A
Par	VII Plan Terminations and Transfers of Assets						GE N.
13a	Has a resolution to terminate the plan been adopted in any plan year?			 13a		Yes	X No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		Yes	ХNо
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.)	e plar	n(s) to			T	
	13c(1) Name of plan(s): SCHNEIDER & BROWN CO.,	F.A		13c(2) [	EIN(s)	13c(3)	PN(s)
	SGN & RETURN 4520 Cooper Road - Suite Cincinnate. Ohio 45242	203	7,51				
	Phone: (513) 984-6100 FAX: (513) 984-6105						
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	caus	se is e	establis	hed.		
Unde SB c	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re f, it is true, correct, and complete.	n/repo	ort, ind	cluding,	if applicable, a	Schedul ledge and	le J
	Greg Depend	broc	k				
SI	GN CATEGORIAN CONTRACTOR OF STEED SEPARATION O						

Date

Signature of plan administrator

HERE Signature of employer plan sponsor

HERE

SIGN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Greg Depenbrock