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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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 X 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 NK MANAGEMENT COMPANY, LLC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NK MANAGEMENT COMPANY, LLC 61-1295883 (EIN) 2c Sponsor's telephone number 859-746-6722 **629 YORK STREET** NEWPORT, KY 41071 2d Business code (see instructions) 485310 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 61-1295883 NK MANAGEMENT COMPANY, LLC 629 YORK STREET NEWPORT, KY 41071 3c Administrator's telephone number 859-746-6722 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..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 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 1570 0 Total plan assets..... 7a n 0 7b Total plan liabilities..... 0 1570 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: (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) **b** Other income (loss)..... 8b 56 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 1442 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 184 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 1626 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -1570 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

Page 2 -	1
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Part IV	Plan	Characteristics
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- 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:

			V	N1 -					
2	During the plan year:		Yes	No		Α	moun		
u	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	100							
	· · · · · · · · · · · · · · · · · · ·	10b		X					
С	Was the plan covered by a fidelity bond?	10c		Χ					
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud								
		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	10e	X						4
	·			X					
	Has the plan failed to provide any benefit when due under the plan?	10f							
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	401		X					
i	2520.101-3.)	10h							
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
		10.							
rt \	<u> </u>		C = L = -1) /F				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						∏ Y€	s X	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						\vdash		
		or se	ction 3	302 of	FRISA	42	ΙΙYe	s X	No
		or se	ction 3	802 of	ERISA	۹?	∐ Y€	s X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								No
a		ctions,	and e	nter th	ie date	e of the	letter	ruling	
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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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/11/2012	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

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Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-Q089 Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4085 of the Employee 2011 Retirement Income Security Act of 1974 (ERISA), and sections 6097(b) and 6098(a) of Department of Lebor Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public Pansion Bonefit Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 5500-9F. Inspection Rart Annual Report Identification Information For calendar plan year 2011 or flecal plan year beginning 01/01/2012 and ending 07/03/2012 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report X a short plan year return/report (less than 12 months) C Check box If filing under: Form 5558 **automatic** extension DFVC program special extension (enter description) 解除計劃器 Basic Plan Information—enter all requested information 1a Name of plan Three-digit NK MANAGEMENT COMPANY, LLC 401(K) PLAN nadmun nala (PN) 🕨 001 1C Effective date of plan 01/01/2004 2a Plan sponeor's name and address; include room or sullo number (employer, if for a single-employer plan) Employer Identification Number NK MANAGEMENT COMPANY. LLC (EIN) 61-1295883 Sponsor's telephone number (859) 746-6722 629 YORK STREET 2d Business code (see instructions) NEWPORT KX 41071 48537.0 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number 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. a Sponsor's name 4c PN 5a 6 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountent (IQPA) under 29 CFR 2520.104-467 (See Instructions on walver eligibility and conditions.)..... X Yes No <u>If you enswered "No" to oither 0a or 6b, the plan connot use Form 5500-SF and must instead use Form 5500.</u> Randilla Financial Information Plan Assets and Liabilities Salit 6 (a) Beginning of Year (b) End of Year a Total pien assets 70 1.570 O 6 Total plan flabilities..... 7b () Net plan assets (subtract line 7b from line 7a)...... 7c 1.570 0 Incomo, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: Ba(1) (2) Participants 86(2) (3) Others (including rollovers)..... Bn(3) Other Income (loss)..... 86

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Benefits paid (including direct rollovers and insurance premiums lo provido banefile)....

Certain deemad and/or corrective distributions (see instructions)....

Administrative service providers (sataries, fees, commissions)......

Olher expenses.....

Total expenses (add lines 0d, 8e, 8f, and 8g).....

Net Income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions).....

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1,626

(1,570)

	Form 5500-SF 2011	Pag	9 2 -							
Pa	TIV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	on feeture codes fro	m the List of Plan Che	racleri	istic Co	odes l	n the inst	ruction	19:	
þ	If the plan provides welfere benefits, onter the applicable welfer									
Par	V Compliance Questions									
10	During the plan year:			-	Yes	No				
a	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fi	idiiciaw Correction b	Program)	10a	103	х		<u>Am</u>	ount	
b	on line 10a,)	981? (Do not include	transactions reported	10h		X	 	****		
C	Was the plan covered by a fidelity bond?			10c			 		·	
đ	Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	'e fidalihi hand that	Dan Animad his discit			X				
Ð	Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or at instructions.)	ther persons by an i	neurance carrier,	100	x	<u>^</u> _			V	
f	Has the plan falled to provide any benefit whon due under the pl	en?		,	-: 	, -				
g	Did the plan have any participant loans? (If "Yes," enter amount			10f	 -}	X				
h	If this is an individual account plan, was there a blackoul period? 2520.101-3.)	(See Institutions of	4 20 OPD	10g	_	X				
1	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 OFR 2520.10	the regulized notice of	romantika [10h 10l	_	X				
Part	Pension Funding Compilance		111141941411111111111111111111111111111	101			Section 1	经限值		議員
11	s this a defined benefit plan subject to minimum funding requirem	nenta? (il "Yea." sec	Instructions and come	loto C	ah a dul	. 00	<u> </u>			 ,
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14	is this a delined controution bigh subject to the minimum funding	regulrements of sec	ction 412 of the Code o	Joee 10	ion 30	2 of E	RISA?.,		Yos X	No
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b	inter the minimum required contribution for this plan year	**********************	********************		12	b				**** —
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e v	All the minimum funding amount reported on line 12d be met by the	ne funding deadline?	,				Yes	No	N N	χ
	Plan Terminations and Transfers of Assets									
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	"Yes," enter the amount of any plan assets that revorted to the er	nployer this year	***********************	198						0
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730	1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·		-	13c(2)	EIN(8	<u>) </u>	130	(3) PN(s)	~.
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Caution	A penalty for the late or incomplete filing of this return/repo	tt will be appaced							· · · · · · · · · · · · · · · · · · ·	
or Se	ensities of perjury and other penalties sot forth in the instructions, hedulo MB completed and signed by an onrolled actuary, as well as true, correct, and complete.	I do alaca ib at I barre						e, a Sc owladç	chedule ge and	
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	Signature of plan administrator	Date				n e'	الماليون			-
SIGN IERE			Enler name of Indivi	<u> </u>	HUMD (19 PIBI	<u>n aaminis</u>	ntalot		-
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