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8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 191681 191681 (1) Employers 8a(1) 191681 (2) Participants 8a(2) 94321 (3) Others (including rollovers) 8a(3) 147604 b Other income (loss) 8b 147604 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 433606 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 232781 e Certain deemed and/or corrective distributions (see instructions) 8e 60 g Other expenses 8g 2322841 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 2322841 i Net income (loss) (subtract line 8h from line 8c) 8i 200765					6738444			6939209			
a Contributions received or receivable from: 191681 (1) Employers 8a(1) 191681 (2) Participants 8a(2) 94321 (3) Others (including rollovers) 8a(3) 147604 b Other income (loss) 8b 147604 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 433606 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 232781 e Certain deemed and/or corrective distributions (see instructions) 8e 60 f Administrative service providers (salaries, fees, commissions) 8f 60 g Other expenses 8g 2322841 i Net income (loss) (subtract line 8h from line 8c) 8i 200765					(a) Amount		(b) To	otal			
(1) Employers Ga(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b (1) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (1) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (2) Participants 8b (3) Others (including direct rollovers) 8b (4) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c (2) C Certain deemed and/or corrective distributions (see instructions) 8e (3) Other expenses 8f (4) Ministrative service providers (salaries, fees, commissions) 8f (3) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (4) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h (2) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (2) Other but if when line 8c) 8i	а	Contributions received or recei	vable from:								
(2) Full dependent 00(2) (3) Others (including rollovers)											
bOther income (loss)8b147604cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c433606dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d232781eCertain deemed and/or corrective distributions (see instructions)8e60fAdministrative service providers (salaries, fees, commissions)8f60gOther expenses8g147604hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h232781iNet income (loss) (subtract line 8h from line 8c)8i200765		., .			94321	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 433606 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 433606 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 232781 e Certain deemed and/or corrective distributions (see instructions) 8e 60 f Administrative service providers (salaries, fees, commissions) 8f 60 g Other expenses 8g 60 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 232841 i Net income (loss) (subtract line 8h from line 8c) 8i 200765	h	() ()			147604						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_							433606			
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 60 g Other expenses		Benefits paid (including direct r	ollovers and insurance premiums		020701						
f Administrative service providers (salaries, fees, commissions)	-	1 ,			232701						
G Administrative service providers (salaries, rees, commissions)	e f		· · · · · · · · · · · · · · · · · · ·		60						
b Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 232841 i Net income (loss) (subtract line 8h from line 8c) 8i 200765	n I	· ·	(· · · · · / /								
i Net income (loss) (subtract line 8h from line 8c)		•		-				232841			
	i							200765			
	j	Transfers to (from) the plan (se	e instructions)	8j							

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 2F 2G 2T
- **b** 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	Amount				
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)								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?	10c	Х		500000				
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.)		X						
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
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		Х					
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 co 5500))	•							
	 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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 skip to line 13.									
b	Enter the minimum required contribution for this plan year			12b					
-	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 le 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?			Ý	′es 🗙 No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C 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):	_	13c(2) EIN(s) 13c(3) PN						
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble cau	ise is	establ	ished.				
Unde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re	turn/re	oort, in	cludin	g, 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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/15/2013	DANIEL T. GOYETTE
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

Apr 15 2013 11.16AM 5025741414

Apr. 15. 2013 11:	16AM 5025741414			1	No. 6970	P. 2		
Form 5500-SF	Short Form Annual R	eturn/Re	eport of Small Employ	/ee		0M8 Nos, 1210-0110 1210-0089		
Department of the Treasury		Benefit I		_	011			
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Relirement Income Security Act of 1874 (ERISA), and sections 6057(b) and 60 yaonenstream the Internal Revenue Code (the Code).							
Pension Benefit Guaranty Corporation	• Complete all entries in accord	lance with f	he instructions to the Form 550	0-\$F.				
For calendar plan year 2011 or fit	Identification Information	7/01/20	11 and ending		06/30/201	.2		
	X a single-employer plan		employer plan (not multiemployer)	Г	a one-particip	pant plan		
A This return/report is for:	the first return/report	the final ret		E		•		
B This return/report is:			year return/report (less than 12 m	on(hs)				
	X Form 8558	automatic e		, i	DFVC progra	im		
C Check box if filing under:	special extension (enter description			F-	4			
Part II Basic Plan Info	prmation—enter all requested inform			and the second second				
1a Name of plan	Alliation and an induction many	Billon			Three-digit			
	SON COUNTY PUBLIC				olan number (PN) 🕨	001		
DEFENDER MONEY PU	RCHASE PENSION PLAN				Effective date c			
					07/01/197			
LOUISVILLE-JEFFEF	ddress; include room or suite number (e SON COUNTY PUBLIC	mployer, if t	for a single-employer plan)		EIN) 23-712			
DEFENDER CORP					Sponsor's teles (502) 574	-3800		
719 WEST JEFFERSC)N ST			2d 1		(see instructions)		
LOUISVILLE			<u>KY 40202-0000</u>	36	541190 Administrator's	FIM		
3a Plen administrator's name a SAME	nd address (if same as plan sponsor, e	inter "Same")	VU	Automation a			
				3c .	Administrator's	telephone number		
	the second second stage the	last return/n	anat filed for this plan enter the	4b	EIN .			
4 If the name and/or EIN of the name, EIN, and the plan nu	ne plan sponsor has changed since the umber from the last return/report.	tast retornin	eport med for this prant criter and		L-111			
a Sponsor's name				40	PN	100		
	s at the beginning of the plan year					106		
	s at the end of the plan year			<u>5b</u>		102		
c Number of participants with approiate this item)	n account balances as of the end of the	plan year (c	letined benellt plans do not	, 5c		99		
	its during the plan year invested in eligi					X Yes No		
b Are you claiming a waiver	of the annual examination and report of	i an indepen	dent qualified public accountant (l	OPA)				
under 29 CFR 2520.104-4	6? (See Instructions on waiver eligibility either 6a or 6b, the plan cannot use i	/ and conditi Form 6500-/	ons.) SE and puet instead use Form !		***************			
Part III Financial Info		01111 00004						
7 Plan Assets and Liabilities			(a) Beginning of Year		(b) <u>En</u>	d of Year		
			6,738,4	44		6,939,209		
	****		· 			<u> </u>		
	ne 7b from line 7a)	7c	6,738,4	44	.	6,939,209		
8 Income, Expenses, and Tr			(a) Amount		(d)	Total		
 Contributions received or r (1) Employers 	eceivable from:	8=(1)	191,0	581				
			94,	321				
	/ers}							
••••••	4		147,	504		····		
C Total income (add lines 8a	(1), 8a(2), 8a(3), and 8b)		· · ·			433,606		
d Senefits paid (including dir to provide benefits)	rect rollovers and insurance premiums	<u>8d</u>	232,	781				
	rrective distributions (see instructions).		· · · · · · · · · · · · · · · · · · ·	60				
	viders (sələrləş, fees, commissions)		· · · · · · · · · · · · · · · · · · ·	60				
v .				-+		232,841		
· ·	8d, 8e, 8f, and 8g)		,			200,765		
• • • •	t line 8h from line 8c) n (see instructions)		11					
		····I KI	1					

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Apr. 15. 2013 11:16AM 5025741414

Form 5500-SF 2011

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Part IV Plan Characteristics												
9a	If the plan provides pension benefils, enter the applicable pension feat	ure codes from the L	ist of Plan Chara	clens	110 00	09510	កឲ្យពេងពេរដែល	48,				
2C 2F 2G 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:												
Par	V Compliance Questions											
10	During the plan year:	<u></u>	-		Yęş	No	A	mount	A			
a	Was there a failure to transmit to the plan any participant contribution	s within the time peri-	od described in			x						
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-Interest? (C	n) minimum stions recorded	10a									
Ľ	on line 10a.)		10b		X			0 000				
c	Was the plan covered by a lidelity bond?			100	X		- <i>-</i>	50	0,000			
ć	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was a	aused by fraud	10d	L	х						
¢	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of it instructions.)	persons by an insura 16 benefits under the	nce cartier, plan? (See	10e		x						
f	Hes the plan failed to provide any banafit when due under the plan?			10f		Х			1.000			
ç	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		Х						
Í	If this is an individual account plan, was there a blackout period? (Se 2520,101-3.)	e Instructions and 29	CFR	10h		x			A			
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	e of the	101				•				
Pai	t VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	is? (lf "Yes," see insl	ructions and com	nplete	Sche	dule \$8	3 (Form	Yes	X No			
12	Is this a defined contribution plan subject to the minimum funding re-	quirements of section	412 of the Code	¢Γ5	ection	302 of	ERISA?	Yes	X No			
	/If "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicab	ie.)										
1	If a waiver of the minimum funding standard for a prior year is being grenting the waiver.	amortized in this plar	year, see instru- Mor	cilons 11h	s, and	enter ti Dav	he date of (r	.e letter fu Year	ung			
1	you completed line 12a, complete lines 3, 9, and 10 of Schedule N	18 (Form 5500), and	skip to line 13.				······································					
	Enter the minimum required contribution for this plan year					12b						
	 C Enter the amount contributed by the employer to the plan for this plan year											
I	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e reșult (enter a mini	is sign to the left	of a		12d						
	Will the minimum funding amount reported on line 12d be met by the						Yes	No	N/A			
Pa	t VII Plan Terminations and Transfers of Assets											
13	a Has a resolution to terminate the plan been adopted in any plan year?						Yes X N	D				
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year			13a							
	Ware all the plan assets distributed to participants or beneficiaries, to of the PBGC?							Yes	No 🛛			
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.)	uthis plan to another	plan(s), idenlify i	the p!		,	,					
13c(1) Name of plan(s):						3ç(2) E	llN(s)	<u>13c(3</u>	I) PN(s)			
Ċ.	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 belief, it lightle, correct, and completery,												
							. GOYETTE					
	GN COULE (1000 COULE)	Date		of individual signing as plan administrator								
	GN RE Signature of employer/plan snopsor	Date	Enter name of	India	dual e	lanina -	as employer	or plan se	000507			
	RE Signature of employer/plan sponsor	L'AIA	Lantor righte UI	1111111	2031 J	Sound						