## 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

2012

This Form is Open to Public Inspection

			Complete all entries in act	cordance with the mondo	tions to the Form 550	<del>и-</del> эг.			
	art I		Identification Information						
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending	12/31/2	2012		
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan	
В	This ret	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	/report (less than 12 m	onths)			
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		•	special extension (enter descri	iption)			_		
Р	art II	Basic Plan Info	rmation—enter all requested info	ormation					
	Name		•			1b	Three-digit		
		ROFIT SHARING PLAI	N				plan number		
							(PN)	001	
						1c	Effective date of	•	
2-						01	01/01/		
	⊢Plan sp , <mark>INC</mark> .	oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identif		
	,					20	(EIN) 61-1048835		
400	CCOTT	CTDEET				20	Sponsor's telep		
		STREET N, KY 41011				2d		see instructions)	
							44531		
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's I		
					-,				
						3с	Administrator's t	elephone number	
_			<del></del>						
4			e plan sponsor has changed since to mber from the last return/report.	he last return/report filed fo	r this plan, enter the	4b	EIN		
а		or's name	noer from the last return/report.			4c	PN		
5a	•		at the beginning of the plan year			5a		65	
b	Total r	number of participants	at the end of the plan year			5b		66	
С	Numbe	er of participants with a	account balances as of the end of t	he plan vear (defined benef	fit plans do not	<u> </u>			
						5c		56	
6a			s during the plan year invested in el					X Yes No	
b			the annual examination and report					X Yes □ No	
			? (See instructions on waiver eligibi					X Yes   No	
0-									
			or incomplete filing of this return					abla a Cabadula	
			ner penalties set forth in the instruc nd signed by an enrolled actuary, a						
		rue, correct, and comp				,	,		
		Filed with outborized/	valid electronic signature.	05/12/2012	ODEO DEDENDROO	IZ.			
SIC	RE			05/12/2013	GREG DEPENBROC				
		Signature of plan ac		Date		ame of individual signing as plan administrator			
SIC	SN RE	Filed with authorized/	valid electronic signature.	05/12/2013	GREG DEPENBROC	K			
		Signature of employ		Date		vidual signing as employer or plan sponsor			
Pre	eparer's	name (including firm n	ame, if applicable) and address; inc	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)	

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Do	4 III Financial Information		<u> </u>						
<u> Par</u>	t III Financial Information  Plan Assets and Liabilities		(a) Beginning of Ver				(b) End o		
		7-	(a) Beginning of Yea		(b) End of Year			10	
	Total plan assets	7a 7b	197291	0	2014143				0
		76 7c	197291						
	Net plan assets (subtract line 7b from line 7a)	76		0	2014				+3
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	iai	
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	17523	81					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17523	81
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	13400	16					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						13400	06
i	Net income (loss) (subtract line 8h from line 8c)	8i						4122	25
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acterist	ic Code	s in th	ne instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	Codes	in the	e instruction	าร:	
Part	V Compliance Questions								
10	During the plan year:				Yes N	No		mount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		mount	
b	·	? (Do not	include transactions reported	10b	>	X			
С	Was the plan covered by a fidelity bond?				>	X			
				10c		+			
d	or dishonesty?			10d	>	(			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	>	X			
f	Has the plan failed to provide any benefit when due under the plan			10f	>	X			
						X			
g h	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h					
D = =1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
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) and line 11a below)									
11a	Enter the amount from Schedule SB line 39								s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru			er the Day _		e letter ru /ear	uling
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				12	b			

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	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?		Yes 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 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

2012

This Form is Open to Public Inspection

Part Annual Report Identification Information								
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012					
A This return/report is for: x a single-employer plan a	multiple-employer p	an (not multiemployer)	multiemployer) a one-participant plan					
B This return/report is:								
an amended return/report	short plan year retur	n/report (less than 12 mo	onths)					
C Check box if filing under:	utomatic extension		☐ DFVC	program				
special extension (enter description)			L.J					
Part II Basic Plan Information enter all requested inform  1a Name of plan	ation		1b Three-dig	nit				
			plan num	ber				
DJK, INC. PROFIT SHARING PLAN	-	(PN) ► 1c Effective	date of plan					
			01/01/	• •				
Plan sponsor's name and address; include room or suite number (em DJK, INC.	nployer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 61-1048835					
		ļ	-	s telephone number				
402 SCOTT STREET			•	743-0461				
402 SCOII SIREEI				code (see instructions)				
US COVINGTON KY 41011			445310					
3a Plan administrator's name and address 🗓 Same as Plan Sponsor	Name 🔲 Same as I	Plan Sponsor Address	<b>3b</b> Administ	rator's EIN				
			3c Administ	rator's telephone number				
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.	st return/report filed	or this plan, enter the	4b EIN					
a Sponsor's name			4c PN					
5a Total number of participants at the beginning of the plan year			5a	65				
<b>b</b> Total number of participants at the end of the plan year			5b	66				
C Number of participants with account balances as of the end of the placemplete this item)	an year (defined ben	efit plans do not	5c	56				
6a Were all of the plan's assets during the plan year invested in eligible		tions \		xYes □No				
<b>b</b> Are you claiming a waiver of the annual examination and report of an	ı independent qualific							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an	d conditions.)			X Yes No				
If you answered "No" to either line 6a or line 6b, the plan cannot								
Caution: A penalty for the late or incomplete filing of this return/rep								
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 is true, correct, and complete.								
SIGN Hay Depenbrook	4/22/13	Greg Depenbrock						
HERE Signature of plan administrator	Date	Enter name of individua	inter name of individual signing as plan administrator					
		SAME	<u></u>					
SIGN HERE Signature of employer/plan sponsor	Date	Enter name of individua	ıl signing as em	plover or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include								
SIGN & RETURN	4520 Coo Cincir Phone	per Road - Suite 203 inati, Ohio 45242 :: (513) 984-6100 (513) 984-6105						

Pa	Part III Financial Information								
7	Plan Assets and Liabilities	(a) Beginning of Year			(b) End of Year			Year	<u> </u>
a	Total plan assets	7a	1,972,9		2,014,14				,143
b	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,972,9	18	2,014			,143	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0	447				
b	Other income (loss)	8b	175,2	31		1,117			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						175	,231
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	134,0	06					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							,006
	Net income (loss) (subtract line 8h from line 8c)	8i				racion di arabama	onnenini ini katalen	41	,225
E4833832836	Transfers to (from) the plan (see instructions)	8j		0					
	rt IV Plan Characteristics			······································					······································
9a	If the plan provides pension benefits, enter the applicable pension for 2E 3D	eature cod	es from the List of Plan Charac	teristi	ic Cod	es in t	he instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	e in th	e instruction	.e.	
Tuescasia in a	in the plan provides wellare benefits, effer the applicable wellare lea	ture code	s nom the cist of Flan Characte	7113110	Code	5 111 1.11	e instruction	15.	
Pa	rt V Compliance Questions								
10	During the plan year:			,	Yes	No	Δ	mount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
b	Were there any nonexempt transactions with any party-in-interest?			10b		x			
С	Was the plan covered by a fidelity bond?	***************	***************************************	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	r persons	by an insurance carrier,					VIII	
	instructions.)		• •	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			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 2520.101			10i					
Pai	t VI Pension Funding Compliance			101	<u> </u>		Ellerick Big 1975		
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
11:	5500) and line 11a below)				- 1		***************************************	T t	S A INO
12	Enter the amount from Schedule SB line 39								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amortiz	ed in this plan year, see instruc						
lf	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 minimum required contribution for this plan year minimum minimum minimum minimum 125								

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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 negative amount)	Į.	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?		☐ Ye	es X No	0
	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 brou	ght under the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	)		
	I3c(1) Name of plan(s):	130	(2) EIN	(s)	13c(3) PN(s)
-Satel-codes 6 a V	weeth-purch way to				
Part	VIII Trust Information (optional)				
14a	Name of trust		<b>14b</b> T	rust's EIN	