#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

Department of Labor

This form is required to be Retirement Income Security A

### 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit plan number NETWORK COMMUNICATIONS INTERNATIONAL PROFIT SHARING PLAN 002 (PN) • 1c Effective date of plan 01/01/1981 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number NETWORK COMMUNICATIONS INTERNATIONAL 91-1073931 (EIN) Sponsor's telephone number 360-701-1532 1018 CAPITOL WAY S, SUITE 206 OLYMPIA, WA 98501-1212 Business code (see instructions) 541600 **3a** Plan administrator's name and address | Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 91-1073931 NETWORK COMMUNICATIONS INTERNATIONAL 1018 CAPITOL WAY S SUITE 206 Administrator's telephone number OLYMPIA, WA 98507 360-701-1532 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 PΝ Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... 5<sub>b</sub> 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 is true, correct, and complete. Filed with authorized/valid electronic signature. 05/15/2013 THOMAS CARROLL SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date SIGN **HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Form 5500-SF 2012 Page **2** 

Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
	Total plan assets	7a	98927				(5) =::		20388 <sup>-</sup>	1	
	Total plan liabilities	7b		0						)	
	Net plan assets (subtract line 7b from line 7a)	7c	98927					1203881			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-			(b) Total				
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)	10000	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	11460	)2	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	214602	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
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							-	)	
	Net income (loss) (subtract line 8h from line 8c)	8i							21460	2	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, oj									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	<ul> <li>2A 2E 2F 2G 2R 3B 3D</li> <li>If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>										
Don	V Campliana Ovations										
Part	•			1	V	NI.					
10	During the plan year:	4:			Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corı	rection Program)	10a		Χ					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
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 or dishonesty?	-		10d		X					
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		Χ					
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				-+	X					
g h	If this is an individual account plan, was there a blackout period? (	(See instru	uctions and 29 CFR	10g		X					
i	2520.101-3.)	ne required	d notice or one of the	10h							
<b>D</b> (	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part											
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)											
<u>11a</u>	Enter the amount from Schedule SB line 39				1	1a		- T			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and en	iter th Day	e date o	f the le		ling	_
If	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				1	2b					

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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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

#### 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Ber	nefit Guaranty Corporation	▶ Complete all entries in accordar	ice with the instruc	tions to the Form 5500	)-SF.				
Part I	Annual Report le	dentification Information							
For calenda	r plan year 2012 or fisc	cal plan year beginning 01/0	1/2012	and ending	12/31/201	.2			
	This return/report is for:   a a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan								
B This retu	urn/report is:	님 "" "" 님	e final return/report		11 X				
				/report (less than 12 mo	_				
C Check b	ox if filing under:	Form 5558	utomatic extension		☐ DFVC program				
		special extension (enter description)							
Part II	Basic Plan Infor	mation—enter all requested information	on						
1a Name o					<b>1b</b> Three-digit plan number				
NETWORK COMMUNICATIONS INTERNATIONAL PROFIT SHARING PLAN						002			
					(PN) 1c Effective date	of plan			
					01/01/198				
2a Plan sr	onsor's name and add	ress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b Employer Ider	ntification Number			
NETWORK	COMMUNICATIO	NS INTERNATIONA L			(EIN) 91-10	73931			
					2c Sponsor's tele	ephone number			
1018 CF	APITOL WAY S.				360-701-	1532			
SUITE 2	206				2d Business code	e (see instructions)			
OLYMPIA		WA 98501			541600				
		d address Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	<b>3b</b> Administrator 91-10739				
NETWORE	COMMUNICATIO	NS INTERNATIONA L				s telephone number			
					360-701-3				
1018 CA	APITOL WAY S.								
SUITE 2									
OLYMPIA		WA 98507							
4 If the n	ame and/or EIN of the	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN				
		ber from the last return/report.			4c PN				
a Sponso		title beginning of the plantage				2			
		at the beginning of the plan year							
		at the end of the plan year			5b	2			
		ccount balances as of the end of the pla			5c	2			
		during the plan year invested in eligible				X Yes No			
<b>b</b> Are vo	ou claiming a waiver of	the annual examination and report of an	independent qualifie	d public accountant (IC	PA)	₩ Vaa □ Na			
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility ar	d conditions.)		F FF00	X Yes No			
		ther line 6a or line 6b, the plan cannot							
Caution: A	penalty for the late of	or incomplete filing of this return/repo	rt will be assessed	unless reasonable car	use is established.	liantin a Calandula			
Under pena	alties of perjury and oth	er penalties set forth in the instructions, d signed by an enrolled actuary, as well	as the electronic ver	examined this return/re sion of this return/repor	port, including, if app t. and to the best of i	my knowledge and			
	true, correct, and comp			,	,	,			
	#	5/11	2/8/13	THOMAS CARROL	Τ.				
SIGN	Ogo	-1/01/	2/8/13						
HERE	Signature of plan ac	iministrator	Date	Enter name of individ	administrator				
SIGN	8			Ohmo la	mo land				
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number						ne number (optional)			
					1				

	Assets and Liabilities		(a) Beginning of Year				(b) End o	of Yea	r	
a Tota	I plan assets	7a	98	927	9				120	3881
	Il plan liabilities	7b			0					0
	plan assets (subtract line 7b from line 7a)	7c	98	927	9				120	3881
	me, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
	tributions received or receivable from:									
	Employers	8a(1)	10	000						
(2)	Participants	8a(2)			0					
(3)	Others (including rollovers)	8a(3)			0			-		
<b>b</b> Othe	er income (loss)	8b	1.1	460	2					1.505
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				21	4602
	efits paid (including direct rollovers and insurance premiums	8d			0					
	rovide benefits)	8e			0					
	tain deemed and/or corrective distributions (see instructions)				0					
	ninistrative service providers (salaries, fees, commissions)	8f			0					
	er expenses	8g		-	1					
	al expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	+				21	4602
	income (loss) (subtract line 8h from line 8c)	. 8i			+				- 2 1	1002
j Trar	nsfers to (from) the plan (see instructions)	8j								
Part IV	Plan Characteristics ne plan provides pension benefits, enter the applicable pension									
Dart V	Compliance Questions									
Part V	uring the plan year:				Yes	No		Amou	ınt	
10 Du	uring the plan year: 'as there a failure to transmit to the plan any participant contribu 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	ction Program)	10a	Yes	No X		Amou	ınt	
10 Du a W 29 b W	uring the plan year: as there a failure to transmit to the plan any participant contribu	uciary Correct? (Do not inc	ction Program)	10a 10b	Yes			Amou	ınt	
10 Du a W 21 b W on	uring the plan year:  as there a failure to transmit to the plan any participant contribu 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide ere there any nonexempt transactions with any party-in-interest	uciary Correct? (Do not inc	ction Program)		Yes	Х		Amou	ınt	
10 Du a W 20 b W on c W d Di or	uring the plan year: It is sthere a failure to transmit to the plan any participant contribute 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest in line 10a.)  It is plan covered by a fidelity bond?  It is plan have a loss, whether or not reimbursed by the plan's dishonesty?	uciary Correct? (Do not inc	clion Program)	10b	Yes	х		Amou	unt	
10 Du a W 2: b W on c W d Di or e W	uring the plan year:  as there a failure to transmit to the plan any participant contribu 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide ere there any nonexempt transactions with any party-in-interest in line 10a.)  Vas the plan covered by a fidelity bond?  Id the plan have a loss, whether or not reimbursed by the plan's	t? (Do not inc	clion Program)	10b 10c	Yes	x x		Amou	int	
10 Du a W 2: b W on c W d Di or e W ins	raining the plan year:  Tas there a failure to transmit to the plan any participant contribution of the plan and policy a	uciary Correct  (Do not inc.)  fidelity bonomer persons of the benefit	diction Program)	10b 10c 10d	Yes	X X X		Amou	int	
10 Du a W 21 b W on c W d Di or e W ins ins	raining the plan year:  as there a failure to transmit to the plan any participant contribute of the plan and policy and policy of the plan and policy and policy are there any nonexempt transactions with any party-in-interest in line 10a.)  Was the plan covered by a fidelity bond?  If the plan have a loss, whether or not reimbursed by the plan's dishonesty?  Are any fees or commissions paid to any brokers, agents, or other service or other organization that provides some or all structions.)	t? (Do not income fidelity bonomer persons of the benefit an?	clion Program)	10b 10c 10d 10e	Yes	x x x		Amou	int	
10 Du a W 21 b W on c W d Di or e W insing f Ha g Di h Iff	uring the plan year:  as there a failure to transmit to the plan any participant contribution of CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Pere there any nonexempt transactions with any party-in-interest in line 10a.)  Was the plan covered by a fidelity bond?  Id the plan have a loss, whether or not reimbursed by the plan's dishonesty?  Fere any fees or commissions paid to any brokers, agents, or other organization that provides some or all structions.)  The plan failed to provide any benefit when due under the plantary in the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 520.101-3.)	ridelity bond fidelity bond her persons of the benefi	clion Program)	10b 10c 10d 10e 10f	Yes	x x x x x x		Amou	unt	
10 Du a W 21 b W on c W d Di or e W insing int f Ha g Di h If 25	uring the plan year:  as there a failure to transmit to the plan any participant contribution of CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Plan there any nonexempt transactions with any party-in-interest in line 10a.)  Was the plan covered by a fidelity bond?  In the plan have a loss, whether or not reimbursed by the plan's dishonesty?  It is early fees or commissions paid to any brokers, agents, or other organization that provides some or all structions.)  In the plan failed to provide any benefit when due under the platid the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period?	ridelity bond fidelity bond fidelity bond fire persons of the benefi	d, that was caused by fraud by an insurance carrier, ts under the plan? (See  d.)  tions and 29 CFR	10b 10c 10d 10e 10f 10g	Yes	x x x x x x x x		Amou	unt	
10 Du a W 2! b W on c W d Di or e W ins ins f Ha g Di h If ex Part VI	raining the plan year:  as there a failure to transmit to the plan any participant contribution of the plan and policy voluntary Fide ere there any nonexempt transactions with any party-in-interest in line 10a.)  Was the plan covered by a fidelity bond?  Id the plan have a loss, whether or not reimbursed by the plan's edishonesty?  For early fees or commissions paid to any brokers, agents, or other organization that provides some or all estructions.)  The plan failed to provide any benefit when due under the platid the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 520.101-3.)  The persion Funding Compliance	fidelity bond fidelity bond finer persons of the benefit finer so of the benefit finer persons fin	di, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i		x x x x x x x x x		Amou	unt	
10 Du a W 21 b W on c W d Di or e W ins ins f Ha g Di h If 25 i If ex Part VI 11 Is	raining the plan year:  as there a failure to transmit to the plan any participant contribute 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide ere there any nonexempt transactions with any party-in-interest in line 10a.)  Vas the plan covered by a fidelity bond?  Id the plan have a loss, whether or not reimbursed by the plan's edishonesty?  For early fees or commissions paid to any brokers, agents, or other organization that provides some or all structions.)  as the plan failed to provide any benefit when due under the platid the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 520.101-3.)  10h was answered "Yes," check the box if you either provided to compliant to providing the notice applied under 29 CFR 2520.10	fidelity bond her persons of the benefi	clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.)tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X A A A A A A A A A A A A A	3 (Form	Amou	Yes	Nc
10 Du a W 21 b W on c W d Di or e W ins ins f Ha g Di h If 25 i If ex Part VI 11 Is 55	uring the plan year: as there a failure to transmit to the plan any participant contribution of CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Pere there any nonexempt transactions with any party-in-interest in line 10a.)  Was the plan covered by a fidelity bond?  Id the plan have a loss, whether or not reimbursed by the plan's dishonesty?  Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all structions.)  But the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? (20.101-3.)  10h was answered "Yes," check the box if you either provided to the plan to providing the notice applied under 29 CFR 2520.10  Pension Funding Compliance  this a defined benefit plan subject to minimum funding requirents and line 11a below)  Inter the amount from Schedule SB line 39	ridelity bond fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond finer persons for the benefit finer persons	clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X A A A A A A A A A A A A A	3 (Form	Amou		No
10 Du a W 21 b W on c W d Di or e W ins ins f Ha g Di h If 25 i If ex Part VI 11 Is 55	raining the plan year:  as there a failure to transmit to the plan any participant contribution of CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Pere there any nonexempt transactions with any party-in-interest in line 10a.)  Was the plan covered by a fidelity bond?  Id the plan have a loss, whether or not reimbursed by the plan's dishonesty?  Evere any fees or commissions paid to any brokers, agents, or other organization that provides some or all structions.)  as the plan failed to provide any benefit when due under the platid the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period? 520.101-3.)  10h was answered "Yes," check the box if you either provided to the plan to providing the notice applied under 29 CFR 2520.101.  Pension Funding Compliance  this a defined benefit plan subject to minimum funding requirents.	ridelity bond fidelity bond fidelity bond fidelity bond fidelity bond fidelity bond finer persons for the benefit finer persons	clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	Schec	X X X X X X X A A A A A A A A A A A A A	3 (Form	Amou	Yes [	
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10 Du a W 21 b W on c W d Di or e W ins ins f Ha g Di h If 25 i If ex Part VI 11 Is 55 11a Er 12 Is (If a If; gray	raining the plan year:  as there a failure to transmit to the plan any participant contribute 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide ere there any nonexempt transactions with any party-in-interest in line 10a.)  Vas the plan covered by a fidelity bond?  Vas the plan have a loss, whether or not reimbursed by the plan's edishonesty?  Vere any fees or commissions paid to any brokers, agents, or other organization that provides some or all estructions.)  The plan failed to provide any benefit when due under the plantide the plan have any participant loans? (If "Yes," enter amount at this is an individual account plan, was there a blackout period?  The plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide the plantide the plantide to provide any benefit when due under the plantide the plantide to provide any benefit when due under the plantide the plantide the plantide to provide any benefit when due under the plantide the plantide the plantide the plantide the plantide the plantide to provide any brokers, agents, or other plantide to plantide the plantide to plantide the plantide the plantide the plantide the plantide to plantide the plantide th	ifidelity bond ifidelity bond ifidelity bond ifidelity bond if the persons of the benefit if the persons of the benefit if the persons if the	clude transactions reported  I, that was caused by fraud  by an insurance carrier, ts under the plan? (See  d.)  tions and 29 CFR  notice or one of the  es," see instructions and com  ats of section 412 of the Code  ble.) d in this plan year, see instru	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X A X A A A A A A A A A A A A	3 (Form		Yes Yes ter rulir	X No
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	Form 5500-SF 2012 Page <b>3</b> -	2		
	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?	Y	es 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 PBGC?			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( which assets or liabilities were transferred. (See instructions.)	s) to		
	3c(1) Name of plan(s):	13c(2) Ell	V(s)	13c(3) PN(s)
-				
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tri	ust's EIN	

# Filing Authorization for the 2012 Form 5500-SF

Name of Plan: Network Communications International Profit Sharing Plan

EIN / PN: 91-1603591/002

Plan Year Ending: December 31, 2012

#### PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Employer/Plan Sponsor:

Thomas Carroll

Date: 2/8/13

### PART II Acknowledgement of Receipt of Authorization

On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For PPA:

\_\_\_\_ Date: 2.13.13

Mike Jorgensen, Retirement Plan Administrator

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.