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

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ections to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mg	onths)	_
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descr	ription)			
Part II	Basic Plan Info	ermation—enter all requested inf	ormation			
1a Name		•			1b	Three-digit
GUARDLINK	OF KENTUCKY 401	(K) PLAN				plan number
						(PN) ▶ 001
					1c	Effective date of plan
0- 5					01	01/01/2007
	ponsor's name and ad KOF KENTUCKY	ldress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identification Number (EIN) 61-1357636
					2c	Sponsor's telephone number
22 EAST 7T						859-491-7711
NEWPORT,	KY 41071				2d	Business code (see instructions) 561600
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
						riammenater e telephone maniber
4 If the r	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN
		mber from the last return/report.				
a Spons					4c	PN T
5a Total r	number of participants	at the beginning of the plan year			5a	15
b Total r	number of participants	at the end of the plan year			5b	22
		account balances as of the end of t	, ,	•	5c	12
6a Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instru	ctions.)		X Yes No
b Are yo	ou claiming a waiver of	f the annual examination and repor	t of an independent qualifi	ied public accountant (IQ	PA)	
		? (See instructions on waiver eligib				- -
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.
Caution: A	penalty for the late	or incomplete filing of this returr	/report will be assessed	l unless reasonable cau	ıse is	established.
		her penalties set forth in the instruc				
	true, correct, and com	nd signed by an enrolled actuary, a plete.	is well as the electronic ve	ersion of this return/report	i, and	to the best of my knowledge and
	r ao, oon oo, and oom			Т		
SIGN	Filed with authorized	valid electronic signature.	07/02/2013	RAMI BATSTOUN		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	gning as plan administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual sid	gning as employer or plan sponsor
Preparer's		name, if applicable) and address; in				parer's telephone number (optional)
	, ,	, , , , , , , , , , , , , , , , , ,		,	· ·	,

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
a	Total plan assets	\(\frac{1}{2}\)					255679		
	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	23610	12		255679			
	Income, Expenses, and Transfers for this Plan Year								
	Contributions received or receivable from:		(a) Amount				(b) Total		
u	(1) Employers	8a(1)	810	0					
	(2) Participants	8a(2)	2836	67					
	(3) Others (including rollovers)	8a(3)	556	5567					
b	Other income (loss)	8b	3353	35					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					75569		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5416	8			7000		
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
q	Other expenses	8g	182	24					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	102	<u> </u>			55992		
	Net income (loss) (subtract line 8h from line 8c)	8i					19577		
	Transfers to (from) the plan (see instructions)						19377		
_		8j							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а				10a		X	111104111		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X			
c	Was the plan covered by a fidelity bond?			10c	X		30000		
d	, ,			100			30000		
	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		617		
f	Has the plan failed to provide any benefit when due under the pla			10f		X			
g					X				
h		(See instru	uctions and 29 CFR	10g		X	3226		
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h					
Dant	exceptions to providing the notice applied under 29 CFR 2520.10	ı -J		10i					
Part 11	Is this a defined benefit plan subject to minimum funding requirem								
11a	5500) and line 11a below)				·····		100 /100		
						11a	ERISA? Yes X No		
12									
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	l ne date of the letter ruling Year		
If	granting the waiver								
		•				12b	I		
<u> </u>	Enter the minimum required contribution for this plan year					120			

	Form 5500-SF 2012 Page 3 - 1			
	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 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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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.

OMB Nos 1210-0110 1210-0089

2012

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T CHISTOTI DATE	tom symmetry	F Complete an entires in de-	to to the total to					
Part I	Annual Report	Identification Information	01/01/201	and ending	.1711/7	201		
For calenda	r plan year 2012 or l	fiscal plan year beginning			4.3	irticipant plan		
A This retu	ırn/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer)	_ a dite-pu	morparii pian		
B This relu	rn/report is:	he first return/report	the final return/report					
	•	an amended return/report	a short plan year return	/report (less than 12 m				
C Chock b	ox if filing under	Form 5558	DEAC bi	DEVC program				
CHECKD	dx if ming dider	special extension (enter descr	iption)					
David II	Desis Blen Inf	ormation—enter all requested info						
1.9		Office an extension			1b Three-digit			
1a Name o		TUCKY 401(K) PLAN			plan numbe (PN)	001		
GUARI	SLINK OF KEN	IDCKI 401(K) IMIA			1c Effective da			
					01/01/2			
			t the state of the	mployer plan)		dentification Number		
2a Plan sp	onsor's name and a	address; include room or suite numbe	er (employer, it for a single-e	Inplayer pibay	(EIN) Si	entineases nones		
GUARI	OLINK OF KEN	TUCKY				telephone number		
					(859) 4	91-7711		
22 17	AST 7TH STRE	ET			2d Business co	ode (see instructions)		
		- -	40%		561600			
INE WIN	Jili'i	and address > Same as Plan Spons	or Name Same as Plan S	Sponsor Address	3b Administrate	or's EIN		
3a Pian ac	oministrator's name	and addition of the control and the control			3c Administrator's telephone number			
					3C Administrati	or a telephone names.		
4 If the r	name and/or EIN of t	the plan sponsor has changed since number from the last return/report	the last return/report filed for	this plan, enter the	4b EIN			
a Course	ar's name				1	15		
5a Total	number of participan	its at the beginning of the plan year.	S > (Well to) - (MATERIAL	5a	2.2		
b Total	number of participan	its at the end of the plan year			5b	2.2		
C Numb	er of participants wit	th account balances as of the end of	the plan year (defined benet	lit plans do not	5c	12		
0.00013	tota this don't	The second secon	+ 1 - M T 1			X Yes No		
6a Were	all of the plan's ass	ets during the plan year invested in e	eligible assets? (See instruct	Loublic accountant (IC	OPA)			
b Are ye	ou claiming a waiver	of the annual examination and repo	n of all independent qualities and conditions.)	a populo dadociman (i		X Yes No		
16	Ublot to	withor line 6a or line 6b, the plan (cannot use Form 5500-5F	and must instead use	Form 5500.			
		The second secon	alrended will be accessed t	inless reasonable ca	nga 12 caramiante.	d		
Caution:	a penalty for the la	other penalties set forth in the instru	ctions, I declare that I have	examined this return/re	eport, including, if a	ipplicable, a Schedule		
SB or Sch	edule MB compléted	and sidiled by all elliplied points!	as well as the electronic vers	sion of this return/repo	rt, and to the basis	It lark Kupaseddo ma		
belief, it is	true, correct, and co	omplete.			V 1			
01011		2	7/1/13	Ranli	Dats	NOUN_		
SIGN HERE		- destation of	Date	Enter manue of indivi-	individual signing as plan administrator			
	Signature of plan	nadministrator		Salli	V 101	ion		
SIGN	7/1/13 Daly					ployer or plan sponsor		
HERE	Signature of em	ployer/plan sponsor	Date of suite number	rantonal)	Preparer's telep	hone number (optional)		
Preparer's	name (including fin	n name, if applicable) and address; i	Denicle toom or some fromme	(Harling and				
					II.			

Pari	III Financial Information						
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
	Fotal plan assets	7a	236	,10	2		255,679
	Total plan liabilities	7b					
	Net plan assets (subtract line 7b from line 7a)	7c	236	, 10.	2		255,679
	ncome Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from		0	1.0			
	(1) Employers	8a(1)		,10			
	2) Participants	8a(2)		, 56	-1-	_	
((3) Others (including rollovers)	8a(3)		, 53			
	Other income (loss)	8b	3.3	, 33	1		75,569
C ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+-		
	Benefits paid (including direct rollovers and insurance promiums to provide benefits)	8d	54	,16	8		
	Certain deemed and/or corrective distributions (see instructions)	8e					
	Administrative service providers (salarios, fees, commissions)	8f			1_		
	Other expenses.	Вg	1	.,82	4		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		55,992
	Net income (loss) (subtract line 8h from line 8c)	81			1		19,577
	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	teristi	ic Cod	es in th	ne instructions
Part					Yes	No	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions within t	he time period described in				
a	20 CED 2510 3-1022 (See instructions and DUL'S VOIGNIES) FIG	detaily Confec	HOLLESSEMEN	10a		X	
b	Were there any nonexempt transactions with any party-in-interes	t? (Do not inc	clude transactions reported	10b		х	
	on line 10a)				10		30,000
	Was the plan covered by a fidelity band?			10c	_/_		20/1000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	4-14-14	Court of the property of the court of the co	10d		Х	
e	/ principle and to any brokers agents of of	her persons	by an insurance camer,	1			
	insurance service or other organization that provides some or all instructions.)	Of His Boile		10e	X		617
f	the nistance due under the nis	an?		10f		Х	
	The second services of the ser			10g	х		3,226
9	If this is an individual account plan, was there a blackout period?	(See instruc	tions and 29 CFR				
n	2510 (01 2)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required of the control of the c	nutice or one of the	10i			
Parl	W. Danalas Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "Yo	es." see instructions and con	nplete	Sche	dule St	3 (Form Yes No
11:	Enlar the amount from Schedule SB line 39	CONTRACTOR STORES	Otto Operation and a series of the	(Vo. 140)	1.1	11a	
12	Is this a defined contribution plan subject to the minimum fundin	g raquiremer	nts of section 412 of the Code	e or s	ection	302 of	ERISA? Yes No
	and the second s	it on manifest	N/25/2				
Я	(If Yes, complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is be	ing amomze	o in this biair year, age mand	ictions	s, and	enter t	ne date of the letter ruling Year
	granting the waiver f you completed line 12a, complete lines 3, 9, and 10 of Schedu					200	
	completed line 12a complete lines 3, 9, and 10 of Schedu	TIG MICH TERRIT	The state of the s	_			
1	Enter the minimum required contribution for this plan year		arrange - Loc - H (cr-street	A) 3 cm - r4		12b	

Pana	3	_	
-age	v	-	

	the antidever to the plan for this plan year		12c		
 c Enter the amount contributed by the employer to the plan for this plan year 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) e Will the minimum funding amount	nt reported on line 12d be met by the funding deadline?	m 1 0 m		Yes	No N/A
	and Transfers of Assets		TIT	Yes X N	
13a Has a resolution to terminate the p	olan been adopted in any plan year?		1 1	I US A IN	
If "Yes " enter the amount of any	y plan assets that reverted to the employer this year		13a		
b Were all the plan assets distribu	ited to participants or beneficiaries, transferred to another plan, or				Yes X No
c If during this plan year, any asse which assets or liabilities were t	ets or liabilities were transferred from this plan to another plan(s), ransferred. (See instructions.)		THE PART OF STREET	ON A STATE OF THE	13c(3) PN(s)
13c(1) Name of plan(s)			13c(2) E	IN(S)	136(3) 114(3)
				-	
Part VIII Trust Information (optional)		.14h T	rust's EIN	
14a Name of trust			146	To the territory	