## 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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	art I	Annual Report Identification Information					
For	calenda	ar plan year 2012 or fiscal plan year beginning 10/01/2012		and ending	2/31/2	2012	
<b>A</b> 7	This ret	urn/report is for: X a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
<b>B</b> 1	This retu	urn/report is: X the first return/report	e final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 m	onths)	1	
C	Check b	ox if filing under: X Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description)				_	
Pa	rt II	Basic Plan Information—enter all requested information	on				
1a	Name o	of plan			1b	Three-digit	
MD2U	J MANA	GEMENT, LLC 401K PLAN				plan number	001
					10	(PN) FEFFECTIVE date o	
						10/01	•
		onsor's name and address; include room or suite number (empagement, LLC	oloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 27-30	fication Number 98144
					20	Sponsor's telep	
140 V	VHITTIN	NGTON PKWY				502-32	
SUITE	E 100	, KY 40222			2d		see instructions)
3a	Plan ad	dministrator's name and address XSame as Plan Sponsor Nar	ne	Sponsor Address	3h	62161 Administrator's	
ou	i iaii ac	Annistrator s harre and address Dearne as Flair opensor Har		Oponsoi Addiess		Administrator 3	LIIV
					3с	Administrator's	telephone number
4		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	
2		EIN, and the plan number from the last return/report.  or's name			4c	DNI	
		umber of participants at the beginning of the plan year			5a	FIN	0
_		umber of participants at the end of the plan year			5b		81
		er of participants with account balances as of the end of the pla			30		01
		ete this item)			5c		33
6a		all of the plan's assets during the plan year invested in eligible					X Yes No
b		u claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot					M 163   140
Cau		penalty for the late or incomplete filing of this return/report					
		lities of perjury and other penalties set forth in the instructions,					able, a Schedule
		dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete.	as the electronic ver	sion of this return/report	, and	to the best of my	knowledge and
SIGI	N	Filed with authorized/valid electronic signature.	10/02/2013	LES REVZON			
HER	RE	Signature of plan administrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGI		Filed with authorized/valid electronic signature.	10/02/2013	LES REVZON		•	
HER		Signature of employer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor
		name (including firm name, if applicable) and address; include r	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)
KEV2	ZON CC	DNSULTING GROUP				781-740	)-1004
		CE STREET, SUITE 6					
IVIAR;	SHFIEL	.D, MA 02050					

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Pa	t III Financial Information										
7	Plan Assets and Liabilities		(a) Reginning of Ver				(b) End o	f Var			
		7-	(a) Beginning of Yea	0	-		(b) End of Year				
	Total plan assets  Total plan liabilities	7a 7b		0					19208	)	
	Net plan assets (subtract line 7b from line 7a)	76 7c		0				1	10209	)	
8	Income, Expenses, and Transfers for this Plan Year	70		0			19208				
	Contributions received or receivable from:		(a) Amount				(b) To	ıaı			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)	1922	25							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	-1	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	9208		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(	)	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						1	19208	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2G 2J 2K 2R										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructio	ns:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amou	unt		
а				10a		X					
b		? (Do not	include transactions reported	10b		X					
					Χ					400/	000
d				10c						1000	000
	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 contractions.)	of the bene	efits under the plan? (See	10e		X					
	instructions.)  Has the plan failed to provide any benefit when due under the plan					X					
				10f							
9	Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i							
Part				.0.							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
110											
12									140		
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 standard for a prior year.	ng amortiz	ed in this plan year, see instru		and	_				ing	
	granting the waiveryou completed lines 3, 9, and 10 of Schedule			ıtrı		Day		Year			
	you completed line 12a, complete lines 3, 3, and 10 01 schedul	~ ITID (I OI									
	Enter the minimum required contribution for this plan year	•				12b					

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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):	3 <b>c(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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part II Annual Report Identification Information												
-	calendar plan year 2012 or fiscal plan year beginning	10/01/2012	and en	ding	12	/31/2012						
Α	This return/report is for:	multiple-employer p	lan (not mult	ultiemployer) a one-participant plan								
В	This return/report is: 🛛 the first return/report 🗌 the	ne final return/report										
	an amended return/report x a	short plan year retu	n/report (les	s than 12 mor	nths)							
С	Check box if filing under: x Form 5558	utomatic extension			Γ	DFVC progra	m					
•	special extension (enter description)				_							
-	Part Basic Plan Information enter all requested information  1b Three-digit											
Id	Name of plan			lan number								
	MD2U Management, LLC 401k Plan			PN) ▶	001							
						Effective date o	fplan					
	Plan sponsor's name and address; include room or suite number (em	anloyer if for a single	omployer p	an)		L0/01/2012	fination Number					
Za	MD2U Management, LLC	ipioyer, ii ioi a single	r-employer p	aii)		EIN) 27-30	fication Number					
	-				_							
						Sponsor's telep (502) 327-9						
	140 Whittington Pkwy						(see instructions)					
US	Suite 100 Louisville KY 40222					21610	,					
_	Plan administrator's name and address X Same as Plan Sponsor	Name Same as I	Plan Sponso	Address	3b /	Administrator's	EIN					
		<del></del>										
					3c /	Administrator's	telephone number					
					00 /	aministrator 3	telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/report filed t	or this plan,	enter the	4b E	EIN						
	name, EIN, and the plan number from the last return/report.			T								
<u>a</u>	Sponsor's name				4c PN							
5a	Total number of participants at the beginning of the plan year			-	<u>5a</u>	0						
b	Total number of participants at the end of the plan year				5b		81					
С	Number of participants with account balances as of the end of the placemplete this item)				5c		33					
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	tions.)				X Yes No					
b	Are you claiming a waiver of the annual examination and report of an	independent qualifie	ed public acc	ountant (IQPA	A)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an						XYes No					
	If you answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must ir	stead use Fo	orm 5	500.						
	aution: A penalty for the late or incomplete filing of this return/rep											
Ur	nder penalties of perjury and other penalties set forth in the instructions	, I declare that I have	e examined t	his return/repo	ort, in	cluding, if appli	cable, a Schedule					
	B or Schedule MB completed and signed by an enrolled actuary, as we	II as the electronic ve	ersion of this	return/report,	and t	o the best of m	y knowledge and					
DE	belief, it is true, correct, and complete.											
	SIGN Hy Morvell 9.30.2013 Lynn Norvell											
7.23												
7.23	IGN Symplure of play administrator	Date		of individual	-7	g as plan admi	nistrator					
ŀ	ERE Signature of plan administrator				-7	g as plan admi	nistrator					
- W	IGN Signature of plan administrator  IGN Signature of employer/plan sponsor	Date 9.30.2013	Enter name	of individual	/		nistrator or plan sponsor					
- W	IGN Signature of plan administrator  IGN Signature of employer/plan sponsor	Date 9.30.2013	Enter name	of individual of individual	signin	g as employer						
- W	Signature of plan administrator  GN  Signature of employer/plan sponsor epared a name (including firm name, if applicable) and address; include	Date 9.30.2013	Enter name	of individual of individual	signin Prepar	g as employer	or plan sponsor number (optional)					
- W	IGN Signature of plan administrator  IGN Signature of employer/plan sponsor	Date 9.30.2013	Enter name	of individual of individual	signin Prepar	g as employer rer's telephone	or plan sponsor number (optional)					
- W	Signature of plan administrator  GN  Signature of employer/plan sponsor epared a name (including firm name, if applicable) and address; include	Date 9.30.2013	Enter name	of individual of individual	signin Prepar	g as employer rer's telephone	or plan sponsor number (optional)					
- m	ERE Signature of plan administrator  GRES Signature of employer/plan sponsor epared name (including firm name, if applicable) and address; include Revzon Consulting Group	Date 9.30.2013	Enter name	of individual of individual	signin Prepar	g as employer rer's telephone	or plan sponsor number (optional)					

Part	III Financial Information							
7 Plan Assets and Liabilities			(a) Beginning of Year	(b) End o			(b) End of Year	
<b>a</b> T	otal plan assets	7a		0	19,208			
<b>b</b> T	otal plan liabilities	7b						
C N	et plan assets (subtract line 7b from line 7a)	7c		0			19,208	
<b>8</b> In	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
	ontributions received or receivable from:	00/1)		0	1			
	) Employers	8a(1)	19,22		200			
	2) Participants	8a(2) 8a(3)			- 10 m			
	3) Others (including rollovers)	8b	(17	')	17.70	-		
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		5.75	-,		19,208	
	enefits paid (including direct rollovers and insurance premiums	- 50		_				
	provide benefits)	8d			2.0			
<b>e</b> 0	certain deemed and/or corrective distributions (see instructions)	8e	W.650					
f A	dministrative service providers (salaries, fees, commissions)	8f				-		
<b>g</b> C	Other expenses	8g		0				
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h	Technique (Landard Paris	<u> </u>			0	
i N	let income (loss) (subtract line 8h from line 8c)	8i			ļ		19,208	
j T	ransfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
Par	t V Compliance Questions						Ι	
10	During the plan year:			r	Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	317	
C	Was the plan covered by a fidelity bond?			10c	Х		100,000	
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	••••••	••••••	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	s by an insurance carrier,					
	insurance service or other organization that provides some or all o	or the ben	ents under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	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 2520.10		d notice or one of the	10i				
Parl								
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			•••••		11a		
12	Is this a defined contribution plan subject to the minimum funding				2000	02 of	ERISA? Yes X No	
	(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 bei granting the waiver	ing amorti	zed in this plan year, see instruc		, and e		the date of the letter ruling ay Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedul							
b	Enter the minimum required contribution for this plan year			•••••		12b		