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

2013

This Form is Open to Public Inspection

Pension B	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I	Annual Report le	dentification Information						
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013		
	turn/report is for:	an (not multiemployer)		a one-partici	oant plan			
B This re	turn/report is:	the first return/report	the final return/report					
_		an amended return/report Form 5558	a short plan year return automatic extension	n/report (less than 12 mo	onths)			
C Check	box if filing under:		DFVC program					
Dest II	Deele Blee Inter	special extension (enter descrip	·					
Part II		mation—enter all requested infor	mation		46	T		
1a Name	PROFIT SHARING PLAN		1D	Three-digit plan number				
DJK, INC. P	ROFII SHARING PLAN	4				(PN) ▶	001	
						Effective date o	f plan	
						01/01	•	
2a Plan s	ponsor's name and add	ress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 61-10	fication Number 48835	
424 AL EYA	NDRIA PIKE				2c	Sponsor's telep		
FT. THOMA	S, KY 41075				2d	Business code 4453	(see instructions)	
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's		
					3с	Administrator's	telephone number	
name	name and/or EIN of the e, EIN, and the plan num cor's name	r this plan, enter the	4b 4c					
		at the beginning of the plan year			5a		66	
_		at the end of the plan year			5b		0	
C Numb	per of participants with a	ccount balances as of the end of the	e plan year (defined bene	fit plans do not	5c		0	
	•	during the plan year invested in elig					X Yes No	
b Are y under	ou claiming a waiver of the contract of the co	the annual examination and report of (See instructions on waiver eligibility	of an independent qualifier by and conditions.)	d public accountant (IQI	PA) 		X Yes No	
•		her line 6a or line 6b, the plan car plan, is it covered under the PBGC			_		Not determined	
Caution: A	A nenalty for the late o	r incomplete filing of this return/r	enort will be assessed i	ınless reasonable cau	se is	established		
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.								
SIGN	Filed with authorized/v	alid electronic signature.						
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN HERE								
	Signature of employ		Date	Enter name of individu				
Preparers	name (including firm na	nme, if applicable) and address; incl	ude room or suite number	(optional)	Prep	arer's telephone	number (optional)	

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information								
7	Plan Assets and Liabilities	(a) Beginning of Year					(h) Find of Voor		
a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year		
<u>a</u>	Total plan liabilities	7b		0			0		
	20111						0		
8	10			<u> </u>					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
а	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	11618	7					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					116187		
d	Benefits paid (including direct rollovers and insurance premiums		040404	_					
	to provide benefits)	8d	212434						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
	Administrative service providers (salaries, fees, commissions)	. 8f		0					
<u>g</u>	Other expenses	8g	598	5					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2130330		
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					-2014143		
	Transfers to (from) the plan (see instructions)	8j		0					
Pai	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 Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
						Χ			
	Did the plan have a loss, whether or not reimbursed by the plan's			10c					
	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 instructions.)			10e		X			
f				10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Χ			
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	ne required	d notice or one of the	1011					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i					
Part	VI Pension Funding Compliance								
11	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) Yes X No								
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
_ a _	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year		
lf	you completed line 12a, complete lines 3, 9, and 10 of Scheduk								
h	Enter the minimum required contribution for this plan year					12b			

Page 3	3 -	1
--------	-----	---

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 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?	X	⁄es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	☐ No		
С	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.)						
	13c(1) Name of plan(s):	13c(2) E	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
	Name of trust , INC. PROFIT SHARING TRUST		rust's EIN 20318526				

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

P	art Annual Report Identification Information							
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/3	31/2013			
Α	This return/report is for: x a single-employer plan a	multiple-employer pl	an (not multiemployer)	a one-participant plan				
В	This return/report is: the first return/report x th	eturn/reportx the final return/report						
	an amended return/report a	short plan year retur	n/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558 au		DFVC program					
	special extension (enter description)		_					
ъ	int II Basic Plan Information enter all requested informa	ation						
	Name of plan	311011		1b Th	ree-digit			
				an number N) ►	001			
	DJK, INC. PROFIT SHARING PLAN				fective date of			
	· .		,		/01/1991			
2a	Plan sponsor's name and address; include room or suite number (em \mathtt{DJK} , \mathtt{INC} .	ployer, if for a single	-employer plan)		nployer Identi IN) 61-104	fication Number 18835		
				2c Sp	onsor's telepl	hone number		
	424 ALEXANDRIA PIKE				359) 743-0			
					ısiness code (15310	(see instructions)		
US	FT. THOMAS KY 41075					FIN:		
3a	Plan administrator's name and address X Same as Plan Sponsor	Name [] Same as F	Plan Sponsor Address	3D Ad	dministrator's	EIN		
								
				3 C Ad	Iministrator's	telephone number		
				·				
4	If the name and/or EIN of the plan sponsor has changed since the las	4b EIN						
name, EIN, and the plan number from the last return/report.								
_a	Sponsor's name			4c PN				
5a	Total number of participants at the beginning of the plan year			5a		66		
b	Total number of participants at the end of the plan year			5b		· 0		
С	Number of participants with account balances as of the end of the placemplete this item)		5c		. 0			
6a					*******	X Yes No		
b	Are you claiming a waiver of the annual examination and report of an	independent qualifie	ed public accountant (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an					X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Form 5500-SF	and must instead use	Form 55	/00. 1./ □□N.	Not determined		
c	If the plan is a defined benefit plan, is it covered under the PBGC ins							
	aution: A penalty for the late or incomplete filing of this return/rep							
U	nder penalties of perjury and other penalties set forth in the instructions	s, I declare that I hav	e examined this return/repo	eport, incl	luding, if appli	icable, a Schedule		
S b	3 or Schedule MB completed and signed by an enrolled actuary, as we	as the electronic ve	sision of this returninepo	it, and to	the best of th	iy kilowioogo alia		
13.15	Mark more 1 a 18	1011	Gregory Depenbr	rock				
2000	IGN IERE Signature of plan administrator	Date SUIT		ual signing as plan administrator				
潮麗	Signature of plan auministrator	SAME	ida og mg do planta in					
all this	IGN		al eigning	as employer	or plan sponsor			
	IERE Signature of employer/plan sponsor eparer's name (including firm name, if applicable) and address; include	dual signing as employer or plan sponsor Preparer's telephone number (optional)						
	epaisi a mante (including intit mante, it applicable) and addless, include		//					
	Oloki o metri	MAI						
	SIGN & RETU	MM						
		10 10 TH						

Par	Part III Financial Information								
7 F	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a 1	otal plan assets	7a	2,014,143			0			
b 7	otal plan liabilities	7b		0	0				
	Net plan assets (subtract line 7b from line 7a)	7с	2,014,14	3	0				
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
	Contributions received or receivable from: 1) Employers	8a(1)	. 0						
(2) Participants	8a(2)		0					
	3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	116,18	37					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				116,187			
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	2,124,34	15					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0.		dalla			
g	Other expenses	8g	5,98	35					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2,130,330		
i	Net income (loss) (subtract line 8h from line 8c)	8i					(2,014,143)		
j_	Transfers to (from) the plan (see instructions)	8j		0					
Pa	rt IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan Charac	teristi	c Cod	es in ti	ne instructions:		
	2E 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ristic	Code	s in the	e instructions:		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а		itions with	in the time period described in ection Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b	i	х			
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	insurance service, or other organization that provides some or all	of the ber	nefits under the plan? (See	100		x			
	instructions.)			10e	_				
	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	as of year	end.)	10g		x			
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 exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
Pa	rt VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)								
11	a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as appli	cable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year granting the waiver					, and e	enter t Da			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu								
b	Enter the minimum required contribution for this plan year		***************************************		•••••	12b			

	Form 5500-SF 2013 Page 3-						
-							
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 left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>	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?	X Y	es 🗀	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		•	0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co			X Yes No			
С	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.)						
-	3c(1) Name of plan(s):	(2) EIN	(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			
DJK, INC. PROFIT SHARING TRUST				318526			