## 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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in acc	cordance with the instruc	tions to the Form 550	U-3F.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 07/01/2	2012	and ending 0	06/30/2	2013	
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 mo	onths)		
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m
			special extension (enter descri	ption)				
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation				
1a	Name o	of plan				1b	Three-digit	
LOU	SVILLE	-JEFFERSON COUNT	TY PUBLIC DEFENDER MONEY P	URCHASE PENSION PLA	N		plan number	
							(PN) ▶	001
						1c	Effective date of 07/01/	•
			dress; include room or suite numbe	r (employer, if for a single-	employer plan)	2b	Employer Identif	
	TOVILLE	. OZI I ZIKOON OOON	THE OBLIGIOUS ENDERGOIN			_	(=114)	
710	WEST I	EFFERSON ST				2C	Sponsor's teleph 502-574	
		E, KY 40202-0000				2d	Business code (	see instructions)
							54119	
3a	Plan ac	dministrator's name an	d address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's E	ΞIN
						30	Administrator's t	elephone number
							, aministrator 5 t	ciopnone number
4	If the n	name and/or EIN of the	plan sponsor has changed since the	he last return/report filed fo	r this plan, enter the	4b	EIN	
_			nber from the last return/report.			4c	DNI	
		or's name	at the best standard the atas are				I	
5a			at the beginning of the plan year			5a		102
b			at the end of the plan year			5b		104
С			account balances as of the end of the		•	5c		100
6a	Were	all of the plan's assets	during the plan year invested in el	igible assets? (See instruct	ions.)			X Yes No
b	Are yo	ou claiming a waiver of	the annual examination and report	of an independent qualified	d public accountant (IQ	PA)		
			(See instructions on waiver eligibil					X Yes   No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.	
Ca	ution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed ι	ınless reasonable cau	use is (	established.	
			ner penalties set forth in the instruct					
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, as	s well as the electronic vers	sion of this return/report	t, and t	o the best of my	knowledge and
	101, 11 10 1	rae, correct, and comp	note.					
SIG		Filed with authorized/v	valid electronic signature.	04/11/2014	DANIEL T. GOYETTE			
HE	KE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator
SIG								
HE	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor
Pre	parer's i		ame, if applicable) and address; inc					number (optional)
		-					-	•
					l			

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear		
a	Total plan assets	7a	693920				(2) =:		927929	9	
	Total plan liabilities	7b							2.02		
	Net plan assets (subtract line 7b from line 7a)	7c	693920	)9				69	927929	9	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	ZIOZ		
	Contributions received or receivable from:		(a) Amount				(I)	Total			
	(1) Employers	8a(1)	24014	2							
	(2) Participants	8a(2)	9420	)3							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	91463	32							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12	48977	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	125989	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	36	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1:	26025	7	
	Net income (loss) (subtract line 8h from line 8c)	8i							-1128	0	
	Transfers to (from) the plan (see instructions)	8j								-	
Pai	t IV Plan Characteristics	, oj	l								
	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	):		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
D	W Commission of Overtions										
Par	•				V	NI-					
10	During the plan year:	4:		1	Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					500000	0
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					X					
				10f							
<u> </u>		•	<u> </u>	10g		X					
h	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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[	Yes	X No	)
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X No	)
	(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 beir granting the waiver.		Mon		and e	enter th Day	ne date d	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	e MB (For	m 5500), and skip to line 13.				1				
b	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):	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

Department of Labor

e Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pe	nsion Ber	nefit Guaranty Corporation	Complete all e	entries in accorda	nca with the instruc	tions to the Form 550	0-SE	Insı	pection	
Pa	rt I	Annual Repor	rt Identification Inf		inde with the monde	dons to the rolling 550	V-OI .			
For	calenda		fiscal plan year beginnir		/01/2012	and ending		06/30/201	3	
Ат	his retu	urn/report is for:	X a single-employe	rplan 🗍 a	a multiple-employer pl	an (not multiemployer)		a one-particip		
		urn/report is:	the first return/rep		the final return/report	(···-, ·-··,			on prom	
	ino rote	armoport is.	an amended retu	닐	•	n/ranget (lass than 10 m		. \		
•	S1 t . t	16 mm - 1	<u></u>	, H		n/report (less than 12 n	nomins	·		
U	леск в	ox if filing under:	X Form 5558	لـــا	automatic extension			☐ DFVC progra	m	
				(enter description						
Pai			formation—enter all r	equested informat	ion					
	Name o	•					1b	Three-digit plan number		
1	LOUIS	SVILLE-JEFFE	RSON COUNTY PU	BLIC				(PN)	00	1
I	DEFEN	NDER MONEY P	URCHASE PENSION	N PLAN			1c	Effective date of		
							-	07/01/1979		
			address; include room or		ployer, if for a single-	employer plan)	2b	Employer Identif	cation Nur	nher
]	LOUIS	SVILLE-JEFFE NDER CORP	RSON COUNTY PU	BLIC				(EIN) 23-712	9726	
	DEFERENCE CONT						2c	Sponsor's teleph		er
	719 T/	VEST JEFFERS	ON ST					(502) 574-		
			.O.V 51				2d	Business code (s	see instruc	tions)
		SVILLE	and address XSame as	Dian Carrana No	<u> КҮ</u>	40202-0000	215	541190	****	
Ju	i iaii ac	ministrator s name	and address Moaine as	s Pian Sponsor Na	imeSame as Pian	Sponsor Address	30	Administrator's E	:IN	
							3c	Administrator's to	elephone r	number
									,	
4	If the n	ama and/or FIN of	the state and the state of			11.6	<b></b>			
~	name.	EIN, and the plan r	the plan sponsor has cha number from the last retu	anged since the la: rn/renort	st return/report filed to	r this plan, enter the	4b	EIN		
		or's name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4c	PN		
5a	Total n	umber of participan	nts at the beginning of the	plan year	**************		5a			102
b	Total n	iumber of participan	its at the end of the plan	year	************************	**************************	5b			104
С	Numbe	er of participants wit	th account balances as o	f the end of the pla	an year (defined bene	fit plans do not				
	comple	ete this item)	· · · · · · · · · · · · · · · · · · ·	·		***************************************	5с			100
6a	Were	all of the plan's ass	ets during the plan year	nvested in eligible	assets? (See instruc	tions.)			XYes	No
b	Are yo	u claiming a waiver	of the annual examination	on and report of ar	n independent qualifie	d public accountant (IQ	PA)		El V	Π
	If vou	answered "No" to	16? (See instructions on either line 6a	waiver eligibility at	nd conditions.)	and must instead use	Eann	FEOO	X Yes	∐No
			e or incomplete filing of other penalties set forth						lata a Cal	
SB o	r Sche	dule MB completed	and signed by an enrolle	ed actuary, as wel	as the electronic ver	sion of this return/report	port, ir t, and	to the best of my	abie, a Sch knowledge	edule and
belie	f, it is to	rue, correct, and co	mplete.			,		•		
SIGN	J	7	1) Thouse	. 110	4/0/2014	DANIEL T. GOYE	יםיייים			
HER		Signature of plan	<del></del>							
Signature of plan administrator Date		Enter name of individ			inistrator					
SIGN		- noune		felle	4/9/2014	Daniel T.	Goy	rette		
		Signature of emp	oloyer/plan sponsor	<u> </u>	Date	Enter name of individ	ual siç	gning as employer	or plan sp	onsor
Prep	arers r	rame (including firm	n name, if applicable) and	raddress; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (o	ptional)
										ĺ
							-			

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
a	Total plan assets	7a	6,939		9				27,929
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	6,939	9,20	9			6,9	27,929
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		1,14					***************************************
	(2) Participants	8a(2)	94	1,20	13				
b	(3) Others (including rollovers)	8a(3)	0.1	1 (3	,_				····
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	91,	4,63	)			1 0	40 077
	Benefits paid (including direct rollovers and insurance premiums	80						1,2	48,977
	to provide benefits)	8d	1,259	9,89	7				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f						H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
<u>g</u>	Other expenses	8g		36	50				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,2	60,257
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						(1	1,280)
j	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								<del></del>
b	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions within	n the time period described in ection Program)	10a		Х		Amount	
b		i? (Do not i	nclude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			Ε,	00,000
d		fidelity bor	nd, that was caused by fraud	10d	Δ.	Х			00,000
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	ner person of the bene	s by an insurance carrier, efits 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			10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	10g		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	he required	I notice or one of the	10i					
Part				101	L	L	L		<del></del>
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	res," see instructions and com	plete	Sched	iule SI	3 (Form	∏Yes	X No
_11a	Enter the amount from Schedule SB line 39					11a		1 1 1 1 1 1	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding		<del></del>				FRISA?	Yes	⊠No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. G. G.	3011011	002 01	Littore	1	11110
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	ed in this plan year, see instruc	ctions th_	, and e	enter ti Day		he letter n Year	uling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
<u>b</u>	Enter the minimum required contribution for this plan year		***************************************			12b			

Form 5500-SF 2012 Page <b>3</b>	-				
Enter the amount contributed by the employer to the plan for this plan year		12c			***************************************
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a m	inus sign to the left of a	12d			
			Yes	No	N/A
VII Plan Terminations and Transfers of Assets			<b></b>	· · · · · · · · · · · · · · · · · · ·	
Has a resolution to terminate the plan been adopted in any plan year?	**********************************	<b>П</b> ,	Yes X N	lo	
		13a	T T		<del></del>
Were all the plan assets distributed to participants or beneficiaries, transferred to anoth	ner plan, or brought under the	control		Yes	⊠ No
If during this plan year, any assets or liabilities were transferred from this plan to anoth		to	<u> </u>		
13c(1) Name of plan(s):	1	3c(2) E	IN(s)	13c(3	) PN(s)
VIII Trust Information (optional)					
Name of trust		<b>14b</b> T	rust's EIN	****	
1	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  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.)  3c(1) Name of plan(s):  1  Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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):  12c  Yes  X N  13a  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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):  13c(2) EIN(s)	Enter the amount contributed by the employer to the plan for this plan year.  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).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  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.)  VIII Trust Information (optional)