For	m 5500-SF	Short Form Annual Ref	•	f Small Employ	/ee	(	DMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	<b>B</b> € This form is required to be filed u	enefit Plan Inder sections 104 ar	nd 4065 of the Employee	е	2	012
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is	open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accordate	nce with the instruc	tions to the Form 5500	)-SF.	Ins	pection
Part I		entification Information					
_	ar plan year 2012 or fisca				2/31/2		
	urn/report is for:			an (not multiemployer)		a one-particip	ant plan
<b>B</b> This ret	urn/report is:		e final return/report				
-	2			/report (less than 12 mo	onths)	-	
C Check I	box if filing under:		utomatic extension			DFVC progra	m
		special extension (enter description)					
Part II	•	nation—enter all requested information	on		1h	Three digit	
1a Name JAMES L. FI	•	1K PROFIT SHARING PLAN			UD	Three-digit plan number	
	,					(PN) 🕨	001
					1c	Effective date of	•
2a Plan s	onsor's name and addre	ess; include room or suite number (emp	plover if for a single-	amplover plan)	2b	01/01/ Employer Identif	
	INE ATTORNEY, INC		bloyer, il tor a single-e	employer plan)	20	(EIN) 61-134	
4175 WEST	PORT ROAD				2c	Sponsor's telept	
UNIT 106 LOUISVILLE					2d	Business code (s 54111	,
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's E	IN
					2.0		elephone number
name	, EIN, and the plan numb	lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the		EIN	
	or's name	the beginning of the plan year				PN	
		the beginning of the plan year			5a		3
		the end of the plan year count balances as of the end of the pla			5b		4
		count balances as of the end of the pla			5c		4
6a Were	all of the plan's assets d	uring the plan year invested in eligible	assets? (See instruct	ions.)			X Yes No
under	29 CFR 2520.104-46? (	e annual examination and report of an See instructions on waiver eligibility and	d conditions.)	•	·····		X Yes No
		er line 6a or line 6b, the plan cannot					
		incomplete filing of this return/repor					
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.					
SIGN	Filed with authorized/val	lid electronic signature.	09/08/2015	JAMES L FINE			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adm	inistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu			
Preparer's	name (including firm nan	ne, if applicable) and address; include r	room or suite number	(optional)	Prep	parer's telephone	number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	1377	5			20206
<b>b</b> Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1377	5			20206
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)	4504				
(2) Participants	8a(2)	214	5			
(3) Others (including rollovers)	8a(3)					
<b>b</b> Other income (loss)	8b	186	8			
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		8517
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	173	6			
e Certain deemed and/or corrective distributions (see instructions)	8e		-			
f Administrative service providers (salaries, fees, commissions)	8f	35	0			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2086
i Net income (loss) (subtract line 8h from line 8c)	8i					6431
j Transfers to (from) the plan (see instructions)	8j					0.01
Part IV Plan Characteristics	0]					
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D</li> <li>b If the plan provides up for base fits order the applicable up for fits order to be applied by the plan provides up order to be applied by the plan provides up for fits order to</li></ul>						
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist		es in the	
Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist			
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	tions within th	ne time period described in	cterist	Yes	No	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	tions within th uciary Correct	ne time period described in tion Program)	10a			
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	tions within th uciary Correct ? (Do not inc	ne time period described in tion Program) lude transactions reported		Yes	No	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules)         b       Were there any nonexempt transactions with any party-in-interest	tions within th uciary Correct ? (Do not incl	ne time period described in tion Program) lude transactions reported	10a		No X	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not inc fidelity bond,	ne time period described in tion Program) lude transactions reported  that was caused by fraud	10a 10b	Yes	No X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's	tions within th uciary Correct ? (Do not incl fidelity bond, mer persons b of the benefits	he time period described in tion Program) lude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See	10a 10b 10c	Yes	No X X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan have a loss.	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, her persons b of the benefits	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No X X X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits n?	he time period described in tion Program) lude transactions reported  that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10e 10f	Yes	No           X           X           X           X           X           X           X           X           X           X	Amount 2000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount and h	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instructi	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	Yes	No           X           X           X           X           X           X           X           X           X           X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount a	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ner required not	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g	Yes	No           X           X           X           X           X           X           X           X           X           X	Amount 2000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         f       Has the plan failed to provide any benefit when due under the pla         g       Did the plan have any participant loans? (If "Yes," enter amount a h         h       If this is an individual account plan, was there a blackout period? 12520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ner required not	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No           X           X           X           X           X           X           X           X           X           X	Amount 2000
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10i	Yes X	No X X X X X X X X Ule SB (	Amount 2000 450
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidules)         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         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         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required not 1-3	ne time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X X X X Ule SB (	Amount 2000 450
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)         f       Has the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	tions within th uciary Correct ? (Do not inc ? (Do not inc fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10f 10g 10h 10i	Yes X	No           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           Image: Non-state state s	Amount 2000 2000 450
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.).         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)         f       Has the plan failed to provide any benefit when due under the pla         g       Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         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         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39.         12       Is this a defined contribution plan subject to the minimum funding	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n?	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10f 10g 10h 10i	Yes X	No           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           X           Image: Non-state state s	Amount 2000 2000 450
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (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 bein</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	Yes X X Sched	No           X	Amount           2000           2000           450           Form         Yes No           RISA?         Yes X No
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10g 10h 10i 10i e or se	Yes X X Sched	No           X	Amount           2000           2000           450           Form         Yes           No           RISA?         Yes           Yes         No           date of the letter ruling
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)         f       Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)         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         Part VI       Pension Funding Compliance         11       Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39         12       Is this a defined contribution plan subject to the minimum funding (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.	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10i 10i e or see ctions th	Yes X X Sched	No           X	Amount           2000           2000           450           Form         Yes           No           RISA?         Yes           Yes         No           date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual	Return/Report	of Smail Empl	oyee	•	OMB Nos. 1210- 1210-
Department of the Treesury Internel Revenue Service	This form is required to be	Benefit Plan filed under sections 104	and 4066 of the Emple			2012
Department of Labor Employee Benefits Security Administration	I reurement income Security Ac	t of 1974 (ERISA), and mai Revenue Code (the	AActions 8057/h) and 60	958(a) (	of I	is Open to Put
Pension Benefit Guaranty Corporation	► Complete all entries in acc			500-SF		spection
For calendar plan year 2012 or fisc	Jentification information					
	X a single-employer plan	01/01/2012	and ending		12/31/20	12
B This return/report is:	the first return/report	the final return/repo	plan (not multiemploye) rt	r)	a one-partic	ipant plan
	an amended return/report		um/report (less than 12 i	monthe	e)	
C Check box if filing under:	Form 5558	automatic extension			DFVC progr	am
	special extension (enter descrip				0 - · · - þ	
Part II Basic Plan Inform	nation-enter all requested info	mation				
1a Name of plan		_		1b	Three-digit	
JAMES L. FINE ATTOR PROFIT SHARING PLAN	RNEY, INC 401K				plan number (PN) ►	001
	•			10	Effective date o	
					01/01/200	8
2a Plan sponsor's name and addre JAMES L. FINE ATTOR	NEY, INC	(employer, if for a single	s-employer plan)	2b	Employer Identi	
				20	(EIN) 61-134 Sponsor's telep	
4175 WESTPORT ROAD					(502) 899-	
UNIT 106				2d	Business code (	see instructions
LOUISVILLE 3a Plan administrator's name and a	address XSame as Plan Sponso	r Name Same as Pla	r 40207 In Sponsor Address	3b	541110 Administrator's I Administrator's t	EIN
3a Plan administrator's name and a		r Name Same as Pla	an Sponsor Address	3b 3c	541110 Administrator's i Administrator's t	EIN
<ul> <li>3a Plan administrator's name and d</li> <li>if the name and/or EIN of the plan number name, EIN, and the plan number</li> </ul>	an sponsor has changed since the	r Name Same as Pla	an Sponsor Address	3b 3c 4b	541.110 Administrator's I Administrator's I EIN	EIN
<ul> <li>3a Plan administrator's name and d</li> <li>if the name and/or EIN of the plan number a Sponsor's name</li> </ul>	an sponsor has changed since the er from the last return/report.	r Name Same as Pla	an Sponsor Address for this plan, enter the	3b 3c 4b 4c	541.110 Administrator's I Administrator's I EIN	EIN
<ul> <li>Fian administrator's name and d</li> <li>If the name and/or EIN of the planame, EIN, and the plan numbe</li> <li>a Sponsor's name</li> <li>Total number of participants at 1</li> </ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year	r Name Same as Pla	an Sponsor Address for this plan, enter the	3b 3c 4b 4c 5a	541.110 Administrator's I Administrator's I EIN	EIN Islephone numb
<ul> <li>3a Plan administrator's name and d</li> <li>If the name and/or EIN of the planame, EIN, and the plan number</li> <li>a Sponsor's name</li> <li>a Total number of participants at the total number of participants at the constraint of participants at the number of participants at the constraint of particip</li></ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year	r Name Same as Pla	or this plan, enter the	3b 3c 4b 4c 5a 5b	541.110 Administrator's I Administrator's I EIN	EIN elephone numb
<ul> <li>3a Plan administrator's name and d</li> <li>If the name and/or EIN of the planame, EIN, and the plan number</li> <li>a Sponsor's name</li> <li>5a Total number of participants at if</li> <li>b Total number of participants with accomplete this item)</li> </ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year ount balances as of the end of the	r Name Same as Pla s last return/report filed to plan year (defined ben	In Sponsor Address for this plan, enter the efft plans do not	3b 3c 4b 4c 5a 5b 5c	541110 Administrator's I Administrator's I EIN PN	EIN Islephone numb
<ul> <li>3a Plan administrator's name and d</li> <li>if the name and/or EIN of the planame, EIN, and the plan number</li> <li>a Sponsor's name</li> <li>5a Total number of participants at if</li> <li>b Total number of participants with accomplete this item)</li></ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year and of the sount balances as of the end of the sount balances as of the end of the	r Name Same as Pla a last return/report filed to plan year (defined ben bla assets? (See Instru	In Sponsor Address for this plan, enter the effit plans do not	3b 3c 4b 4c 5a 5b 5c	541110 Administrator's I Administrator's I EIN PN	EIN Islephone numb
<ul> <li>Fian administrator's name and a</li> <li>If the name and/or EIN of the planame, EIN, and the plan numbe</li> <li>Sponsor's name</li> <li>Total number of participants at i</li> <li>Total nu</li></ul>	an aponeor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year ount balances as of the end of the samual examination and report o ee instructions on weiver elicibilit	r Name Same as Pla a last return/report filed in plan year (defined ben ble assets? (See Instru- f an independent qualifity and conditions.)	In Sponsor Address for this plan, enter the effit plans do not stions.)	3b 3c 4b 4c 5b 5c PA)	541110 Administrator's I Administrator's I EIN PN	EIN Ielephone numb
<ul> <li>Fian administrator's name and a final administrator's name and/or EIN of the planame, EIN, and the plan number a Sponsor's name</li> <li>Total number of participants at it</li> <li>Total nu</li></ul>	an aponeor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year ount balances as of the end of the samual examination and report o see instructions on weiver eligibility or line 6a or line 6b, the plan can	r Name Same as Pla a last return/report filed in plan year (defined ben ble assets? (See Instru- f an independent qualifi- r and conditions.) not use Form 5500-8F	In Sponsor Address for this plan, enter the effit plans do not stions.)	3b 3c 4b 4c 5a 5b 5c 5c	541110 Administrator's I Administrator's I EIN PN S500.	EIN Biephone numb
<ul> <li>Fian administrator's name and a fit the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name</li> <li>Total number of participants at it</li> <li>Total number of part</li></ul>	an aponeor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year ount balances as of the end of the samual examination and report o see instructions on weiver eligibility or line 6a or line 6b, the plan can nocomplete filing of this return/re	r Name Same as Pla a last return/report filed in plan year (defined ben ble assets? (See Instru- f an independent qualifi- y and conditions.)	In Sponsor Address for this plan, enter the effit plans do not stions.)	3b 3c 4b 4c 5a 5b 5c 5c PA)	541110 Administrator's I Administrator's I EIN PN S500.	EIN Ielephone numb
<ul> <li>Fian administrator's name and a final administrator's name and/or EIN of the planame, EIN, and the plan number a Sponsor's name</li> <li>Total number of participants at it</li> <li>Total nu</li></ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year are so the end of the plan year invested in eligi a ennual exemination and report o see instructions on weiver eligibility r line 6a or line 6b, the plan can noomplete filing of this return/re penalties set forth in the instruction appread actuary. as y	r Name Same as Pla a last return/report filed to plan year (defined ben ble assets? (See instruct f an independent qualifit y and conditions.)	In Sponsor Address for this plan, enter the efit plans do not stions.)	3b           3c           4b           4c           5a           5b           5c           Form           rssels	541110 Administrator's I EIN PN 5500. established.	EIN Belephone numb
<ul> <li>3a Plan administrator's name and a name, ElN, and the plan number of participants at it is true and of the plan number of participants at it is true all of the plan's assets du b Are you claiming a waiver of the under 29 CFR 2520.104-467 (S If you answered "No" to eithe settion: A penalty for the late or is inder penalties of perjury and other B or Schedule MB completed and setting, it is true, correct, and complete</li> </ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year are so the end of the plan year invested in eligi a ennual exemination and report o see instructions on weiver eligibility r line 6a or line 6b, the plan can noomplete filing of this return/re penalties set forth in the instruction appread actuary. as y	r Name Same as Pla a last return/report filed to plan year (defined ben ble assets? (See instruct f an independent qualifit y and conditions.)	In Sponsor Address for this plan, enter the efft plans do not stions.)	3b 3c 4b 4c 5a 5b 5c 5c PA) Form ise is port, ind t	541110 Administrator's I EIN PN 5500. established.	EIN Belephone numb
<ul> <li>3a Plan administrator's name and data and the name and/or EIN of the plan number a Sponsor's name</li> <li>a Sponsor's name</li> <li>b Total number of participants at if</li> <li>b Total number of participants with accomplete this item)</li></ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year are sub- count balances as of the end of the summa structure of the second structure in the plan year invested in eligi a annual examination and report of see instructions on welver eligibility or time 6a or line 6b, the plan can neoomplete filing of this return/re- penalties set forth in the instruction signed by an enrolled actuary, as v a.	r Name Same as Ple	In Sponsor Address for this plan, enter the efit plans do not ctions.)	3b 3c 4b 4c 5a 5b 5c 5c Form ise is port, in t, and t	541110 Administrator's I Administrator's I EIN PN S500. S500. S500. Cluding, if applice o the best of my I	EIN Beephone numb
<ul> <li>3a Plan administrator's name and data and the name and/or EIN of the plan number a Sponsor's name</li> <li>a Sponsor's name</li> <li>a Total number of participants at 1</li> <li>b Total number of participants at 1</li> <li>c Number of participants with accomplete this item)</li></ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year are sub- count balances as of the end of the summa structure of the second structure in the plan year invested in eligi a annual examination and report of see instructions on welver eligibility or time 6a or line 6b, the plan can neoomplete filing of this return/re- penalties set forth in the instruction signed by an enrolled actuary, as v a.	r Name Same as Pla a last return/report filed to plan year (defined ben ble assets? (See instruct f an independent qualifit y and conditions.)	In Sponsor Address for this plan, enter the effit plans do not ctions.) ad public accountant (IC and must instead use unless reasonable cat examined this return/re sion of this return/report TAma	3b 3c 4b 4c 5a 5b 5c 5c Form ise is port, in t, and t	541110 Administrator's I Administrator's I EIN PN S500. S500. S500. Cluding, if applice o the best of my I	EIN Ielephone numb
<ul> <li>Fian administrator's name and a life the name and/or EIN of the planame, EIN, and the plan numbe a Sponsor's name</li> <li>Total number of participants at a Total number of participants at a second base of a participant of the plan's assets due to the second total of the plan's assets due to the number of participants at a second base of the plan's assets due to the number of participants at a second base of the plan's assets due to the second base of the pla</li></ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year ount balances as of the end of the samual examination and report o see instructions on welver eligibility ir line 6a or line 6b, the plan can nocomplete filing of this return/re penalties set forth in the instruction ligned by an enrolled actuary, as v a.	Plan year (defined ben plan year (defined ben plan year (defined ben ible assets? (See Instruc f an Independent qualifit y and conditions.) not use Form 5500.SF sport will be assessed ns, I declars that I have veil as the electronic ver State Date	In Sponsor Address for this plan, enter the effit plans do not ctions.)	3b 3c 4b 4c 5a 5b 5c 5c Form reals and t	541110 Administrator's I Administrator's I EIN PN S500. astablished. Oluding, if applica o the best of my I	EIN elephone numb X Yes ] Yes ] ble, a Schedule knowledge and inistrator MuMos
<ul> <li>If the name and/or EIN of the planame, EIN, and the plan number a Sponsor's name</li> <li>Total number of participants at the Data number of participants at the Total number of participants with accomplete the Item)</li></ul>	an sponsor has changed since the er from the last return/report. the beginning of the plan year the end of the plan year ount balances as of the end of the samual examination and report o see instructions on welver eligibility ir line 6a or line 6b, the plan can nocomplete filing of this return/re penalties set forth in the instruction ligned by an enrolled actuary, as v a.	Plan year (defined ben plan year (defined ben plan year (defined ben ible assets? (See Instruc f an Independent qualifit y and conditions.) not use Form 5500.SF sport will be assessed ns, I declars that I have veil as the electronic ver State Date	In Sponsor Address for this plan, enter the effit plans do not ctions.)	3b 3c 4b 4c 5a 5b 5c 5c Form ise is port, in t, and t	541110 Administrator's I Administrator's I EIN PN S500. astablished. Oluding, if applica o the best of my I	EIN elephone numb X Yes Yes I Yes I I ble, a Schedula knowledge and inistrator M.M.M. or plan sponsor

P.004/009

## 223836F9 RF12

Form 5600-SF 2012

ζ egeq

	٩ZL					d Enter the minimum required contribution for this plan year
				orm 5500), and skip to line 13.	) 8M	If you completed line 12a, complete lines 3, 9, and 10 of Schedule
	t netne (BC	pue 4	uop: suop:	inser in this plan year, see instru- Mon	ноте (	3 If a weiver of the minimum functing standard for a prior year is being granting the weiver.
				licable.)	lqqe se	(if "Yes," complete line 12e or lines 12b, 12c, 12d, and 12e below,
ON X 89Y	0 20E					I gnibrui muminim ent of toelduz nerg nottudhinco beniteb a sint al 2
	Btt					91 Enter the amount from Schedule SB line 39
SB (Form 765 000	8 elub	eupg :	ejelq	roo bne enotourtani sea ",sey" i	II) Satn	ameniupen grilbnuñ mumirinim of toeldus naja nied benñeb a sint a l 1 (Woled at t en ill bria (0033
						Pension Funding Compliance
R;			101	red holice or one of the	ijnbej e	The provided at the provided the provided and provided and the provided at the
	x		401	******		A https://www.communication.com/ 2520.101-3.
057		x	601			g Did the plan have any participant loans? (If "Yes," anter amount as
	x		101			T Has the plan failed to provide any benefit when due under the plan
	x		e01			
				Ons by an insurance carrier.	vened he	Were any reas or commissions paid to any brokers, agents, or office Mere any reasons or other organization that provides some or all or insurance service or other organization that provides some or all or all or all organization that provides are also any other organization that are also
	×		POL	bond, that was caused by fraud	i viliebi	d Did the plan have a loss, whether or not relimbursed by the plan or dishortestry?
5,000		X	100			C Mes the plan covered by a fidelity bond?
	X		dor			
·····	x		801	oriection Program)		29 CFR 2510,3-1027 (See Instructions and DOL's Voluntary Fidu b Weige there any non-exempt transections with any party-In-Interest
	^			thin the time period described in	iw sno	b Wes there a failure to transmit to the plan any participant contribut
triuomA c	ON I	ᇷ				10 Duting the plan year:
						Batchics     Plan Characteristics       9a     If the plan provides pension benefits, enter the applicable pension in the plan provides welfare benefits, enter the applicable welfare te       b     If the plan provides welfare benefits, enter the applicable welfare te
	÷	en	•		18	
164,0		+			18	I Net income (loss) (subtract line 6h from line 6c) Transfer to (from) the plan (see instructions).
980'Z		ba i	¢.		48	h Total expenses (add lines 8d, 8e, 8f, and 8g).
		· -		and second the second	68	Dihor and the second seco
	August	09	ε		18	(snoissimmos, leeel, selialers, (selialers, commissions)
			-	<u> </u>	98	<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> </ul>
······································		98	ζ'τ		99	<ul> <li>Banefits paid (including direct rollovers and insurance premiums)</li> <li>Banefits banefits</li> </ul>
<u>/T</u> \$'8					<u>08</u>	C Total income (edd lines Sa(1), Sa(2), Sa(3), and Sb)
P		891	8'T.		d8	D Other income (lose)
Р		891	8'Ţ		6)68 6)68	<ul> <li>(3) Others (Including rollovers).</li> <li>(3) Other income (loss).</li> </ul>
۲ <u>من من م</u>	46.	571	τʻz	() 	2)68 E)68	Other income (loss)
۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰	ч <b>г</b> 	571		() 	C)e8	(1) Employers
IstoT (d)	чр •	571	τʻz	() 	2)68 E)68	<ul> <li>R Contributions received or received from:</li> <li>(1) Employers</li> <li>(2) Participants</li></ul>
	чр •••	571 709	<u>t'z</u> ⊊'⊅	3nuomA (8) (1 (2 (1) (1) (1)	2)68 E)68	<ul> <li>8 Income, Expenses, and Transfers for this Plan Year</li> <li>1 Employers received or receivable from:</li> <li>(1) Employers</li> <li>(2) Others (including rollovers).</li> <li>(3) Others (including rollovers).</li> </ul>
	<b></b> %	571 709	τʻz	3nuomA (B) (1 (1)	r)88 2)68 2)68	<ul> <li>C Net plan assets (subtract line 7b from line 7a).</li> <li>B Income, Expenses, and Transfers for this Plan Year</li> <li>Contributions received or receivable from:</li> <li>(1) Employeis</li> <li>(2) Participants.</li> </ul>
50,200	чг 	509 #09 577	τ'z ς'ŧ ζ'ει ζ'ει	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	27 7)88 2)88 2)88 2)88	<ul> <li>8 Income, Expenses, and Transfers for this Plan Year</li> <li>1 Employers received or receivable from:</li> <li>(1) Employers</li> <li>(2) Others (including rollovers).</li> <li>(3) Others (including rollovers).</li> </ul>
(b) End of Year 20, 206 (b) Total	4 <b>P</b>	509 #09 577	τ'z ς'ŧ ζ'ει ζ'ει	3nuomA (6) (1 (1 (1)	77 57 76 5)68 2)68 2)68	b       Totat plan tiabilitides.         c       Net plan tiabilitides.         c       Net plan assets (subtract line 7b from line 7s)

08/29/2013 13:38 James L Fine Attorney PLLC

(FAX)502 899 9623 P.005/009

## 223836F9 RF12

. <u> </u>					
	81,8 EIN	™ <b>. d</b> ₽			
			<u></u>	h vame of trust Information (optional)	
			_		
13c(3) PN(8)	(8)	NIE (Z) S	51	13c(1) Name of plant(s):	-
		0	t (s)risiq ei	וד מעותה this plan year, any assets or liabilities were נצורזפורופל לוסות this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	,
on 🛛 sey 🗌				O Were all the plan assets distributed to participants or beneficiaties, transferred to another plan, or brought u of the PBGC?	
		661		If "Yes," enter the amount of any plan assets that reverted to the employer this year.	
	on X se	<u>~</u>		Has a resolution to the plan been adopted in any plan year?	٤L
				atessA to anations and transfers of Assets	ë,
₩N [] ON [	90A	·····	T	Senilbaeb grithni erit yd tem ed b21 enil no behoder truoma grithni muminim eni liw e	1
		921	<sup>40</sup>	d Subtract the amount in the 12th of the international to 12th Enter the result (enter a minus aign to the left of the subtract the result (enter a mount).	
		əği	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<ul> <li>Enter the emount contributed by the employer to the plan for this plan year.</li> </ul>	
				- £ 9884 ZL02 49-0000 Win-J	
				Form 5500-3F 2012	

.