Form 5500-SF

Department of the Treasury

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 Internal Revenue Code (the Code).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number KENTUCKY TIE & LUMBER CO., INC. 401(K) PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 61-0542659 KENTUCKY TIE & LUMBER CO., INC. (EIN) 2c Plan sponsor's telephone number P.O. BOX 414 COLUMBIA, KY 42728 2d Business code (see instructions) 321210 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN KENTUCKY TIE & LUMBER CO., INC. 61-0542659 COLUMBIA, KY 42728 3c Administrator's telephone number 270-384-3903 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 30 5a 28 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 28 complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 502603 57824 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 502603 57824 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 79902 Other income (loss)..... 8b 79902 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 4264 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 4264 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 75638 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2F 2G 2T 3D 3H	acteris	tic Co	des in the	e instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	les in the	instructions:
					_
art	Compliance Questions	1		-	
)	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		6333
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
ırt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•		•	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of ER	RISA? Yes X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	etione	and a	ntar tha (hate at the letter rulina

Part	VII Plan Terminations and Transfers of Assets			
13a	3a Has a resolution to terminate the plan been adopted during the plan year or any prior year?			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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.)			
1	3c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)	

_ Day _

12b

12c

12d

No

Yes

N/A

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

granting the waiver......Month _

b Enter the minimum required contribution for this plan year.....

c Enter the amount contributed by the employer to the plan for this plan year.....
 d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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/valid electronic signature.	07/15/2011	SHARON STEELE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

j 		dance wit	n the instructions to the Form 5500	-SF.		1
	art I Annual Report Identification Information					
For		1/01/2	010 and ending		12/31/201	.0
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for: first return/report	final return/report				
	an amended return/report	short plan year return/report (less than 12 months)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
•	special extension (enter description					
D.	art II Basic Plan Information—enter all requested informa	<u></u>		·····	····	
L	Name of plan	ation	1	1h	Three-digit	
10	KENTUCKY TIE & LUMBER CO., INC.			ı	plan number	
	401(K) PROFIT SHARING PLAN				(PN))	001
	TOTALLE CHINETING LIMIN			1c	Effective date of	
					01/01/1990)
2a	Plan sponsor's name and address (employer, if for single-employer KENTUCKY TIE & LUMBER CO., INC.	plan)		2b	Employer identi	
			-	20	(EIN) 61-054	elephone number
	D O DOV 414			20	(270)384-3	
	P.O. BOX 414			2d	Business code (see instructions)
	COLUMBIA		KY 42728		321210	<u> </u>
3a	Plan administrator's name and address (if same as Plan sponsor, el SAME	nter "Same	∍")	3b	Administrator's	EIN
	OTHIL		-	30	Administratoria	elephone number
				30	Administrators	elephosie numbes
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name	·	4		
				4c	PN	
	Total number of participants at the beginning of the plan year		}	5a	+	30
D	Total number of participants at the end of the plan year			5b		28
С	Total number of participants with account balances as of the end of complete this item).			5c		
62	Were all of the plan's assets during the plan year invested in eligible					
	Are you claiming a waiver of the annual examination and report of					E .00 L .10
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				***************************************	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.		
Pa	rt III Financial Information	T				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	502,60	3		578,241
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7c	502,60	3		578,241
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	l'otal
а	Contributions received or receivable from:					•
	(1) Employers	8a(1)				
	(2) Participants	8a(2)				
	(3) Others (including rollovers)			4		
b	Other income (loss)	8b	79,90	2		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		\perp		79,902
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4,26	4		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					4,264
i	Net income (loss) (subtract line 8h from line 8c)			\top		75,638
j	Transfers to (from) the plan (see instructions)					

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Par	t IV	Plan Characteristics							
9a	If th	e plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Chara	acteri	stic Co	des in	the instruction	ins:
b	If th	2F 2G 2T 3D 3H e plan provides welfare benefits, enter the applicable welfare feat	ture codes from the l	list of Plan Chara	otorio	tic Co	toe in t	ho inetruction	ae:
D		b plan provides wentare benefits, enter the applicable wentare real	tare codes from the f	List of Flam Chara	oteris	tic cot	203 111 11	ne manachor	10.
Part	V	Compliance Questions	=0 10 10						
10		ing the plan year:				Yes	No	А	mount
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х		
b		re there any nonexempt transactions with any party-in-interest? (I line 10a.)			10b		Х		
С	W	as the plan covered by a fidelity bond?			10c	Х			50,000
d		the plan have a loss, whether or not reimbursed by the plan's fide lishonesty?			10d		Х		
е	We	re any fees or commissions paid to any brokers, agents, or other rrance service or other organization that provides some or all of the ructions.)	persons by an insura	ance carrier, e plan? (See	10e		Х		
f		the plan failed to provide any benefit when due under the plan?			10f		Х		
q	Did	the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g	Х			6,333
h	If th	is is an individual account plan, was there a blackout period? (Se	e instructions and 2	9 CFR	10h	21	Х		0,333
i	If 1	Oh was answered "Yes," check the box if you either provided the reprised to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the	10ii				
Part	C25300000	Pension Funding Compliance			101				
11	Is th	nis a defined benefit plan subject to minimum funding requirement 0))							☐ Yes ☐ No
12		his a defined contribution plan subject to the minimum funding rec							Yes X No
a If	If a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a nting the waiver	amortized in this plan	Mon					
b	Ent	er the minimum required contribution for this plan year					12b		
С	Enter the amount contributed by the employer to the plan for this plan year						12c		
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)		•		L	12d		
distributed	Manager	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No N/A
Part		Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan	year or any prior yea	r?		г			Yes X No
-		es," enter the amount of any plan assets that reverted to the emp					13a		
	of t	re all the plan assets distributed to participants or beneficiaries, trans PBGC?							Yes X No
С		uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	in(s) to)	-	Г
1	13c(1) Name of plan(s):			-	13	c(2) EI	N(s)	13c(3) PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/repor	t will be assessed i	unless reasonab	le ca	use is	establ	ished.	
SB o	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.								
SIG	N	Soleile	7/15/11	SHARON STE	ELE				
HER		Signature of plan administrator	Date	Enter name of i	ndivid	ual sig	ning as	s plan admin	istrator
SIG	-								
HER		Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning as	s employer o	r plan sponsor