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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	V Complete all entries i	n accordance wit	ii the instructions to the Form 550	и-эг.			_
	Part I Annual Report Identification Informati						
For	r calendar plan year 2011 or fiscal plan year beginning 0	1/01/2011	and ending	12/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participa	ant plan	
В	This return/report is: the first return/report	the final i	return/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)	_		
С	Check box if filing under: Form 5558	automati	c extension		DFVC progran	n	
	special extension (enter o	lescription)					
Pa	art II Basic Plan Information—enter all requeste	d information					
1a	Name of plan			1b	Three-digit		
PINE	E MOUNTAIN LUMBER, L.L.C. 401K PROFIT SHARING PLA	AN & TRUST			plan number		
				4 -	(PN) •	. 001	
				1C	Effective date of 01/01/1		
	Plan sponsor's name and address; include room or suite nu	ımber (employer, i	f for a single-employer plan)	2b	Employer Identific	cation Number	
PINE	E MOUNTAIN LUMBER, L.L.C.				(EIN) 61-127		
				2c	Sponsor's teleph		
	6 MANCHESTER STREET			24	606-633-		
LEXI	INGTON, KY 40504-1129			2 a	Business code (s		
3a	Plan administrator's name and address (if same as plan sp	onsor enter "Same	<u>="\"</u>	3b	Administrator's E		
	E MOUNTAIN LUMBER, L.L.C. 1256	MANCHESTER S NGTON, KY 4050	STREET		61-127	2454	_
		,		30	Administrator's te 606-633-		Г
4	If the name and/or EIN of the plan sponsor has changed si		report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from the last return/repor Sponsor's name	t.		4c	DNI		
	Total number of participants at the beginning of the plan ye	ear			T		69
b				5b			58
C				30			
	complete this item)			5c			37
6a	Were all of the plan's assets during the plan year invested	in eligible assets?	(See instructions.)			X Yes N	Ю
b	3					X Yes N	lo
	under 29 CFR 2520.104-46? (See instructions on waiver e	• .				V ies II i	10
Pa	art III Financial Information	7t use i oiii 5500	-or and must mistead use i orm so				_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Year	_
a		7a	783824		(b) Liiu c	694995	_
b							_
C			783824			694995	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal	
а			, i		, ,		
	(1) Employers	8a(1)	14264				
	(2) Participants	8a(2)	30152				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-30082				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				14334	_
d	Benefits paid (including direct rollovers and insurance pren to provide benefits)		103163				
е	Certain deemed and/or corrective distributions (see instruc	tions) 8e					
f	Administrative service providers (salaries, fees, commissio	ns) 8f					
g	Other expenses	8g					
h						103163	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-88829	
j	Transfers to (from) the plan (see instructions)	8j					

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Part IV	Plan Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Α	mou	nt	
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		Χ					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ					
С	Was the plan covered by a fidelity bond?	10c	Χ					5	0000
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		X					
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						3422
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		Χ					
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							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						П	⁄es	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ħ,	res .	-
							1 1 1	X No	
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	ction 3	802 of	ERIS	Α?	□ '	103	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter tl	he dat	e of the	e lette	r rulir	ng
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions, th	and e	nter tl	he dat	e of the	e lette	r rulir	ng
lf y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	ctions, th	and e	nter tl	he dat	e of the	e lette	r rulir	ng
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter tl Day	he dat	e of the	e lette	r rulir	ng
lf y b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	nter tl Day	he dat	e of the	e lette	r rulir	ng
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	ctions, th of a	and e	nter the Day	he dat	e of the	e lette	r rulir	ng
lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	nter the Day	he dat	e of the	e lette 'ear _	r rulir	ng
b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter tl Day 12b 12c 12d	he dat	e of the	e lette 'ear _	r rulir	ng
b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter tl Day 12b 12c 12d	he dat	e of the	e lette 'ear _	r rulir	ng
b c d e art	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution 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 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?	of a	and e	nter tl Day 12b 12c 12d	he dat	e of the	e lette ′ear _	r rulir	ng —
lf y b c d e art 3a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	nter tl Day 12b 12c 12d	he dat	e of the	e lette ′ear _	r rulir	ng
lf) b c d e nrt 3a b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	nter tl Day 12b 12c 12d	Yes [e of the	No	r rulir	ng —— N/A
b c d eart 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	12b 12c 12d	Yes [e of the	No	r rulir	N/A
b c d eart 3a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	12b 12c 12d	Yes [e of the	No	r rulir	N/A

SIGN	Filed with authorized/valid electronic signature.	03/09/2012	JOHN E. FOLEY
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 Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Part Annual Report	Identification Information					
F	or calendar plan year 2011 or fis		01/01,	/2011	and ending		12/31/2011
F	This return/report is for:	a single-employer plan	a multip	le-employer pla	n (not multiemployer)		a one-participant plan
Ε	This return/report is:	the first return/report	the final	return/report			
		an amended return/report	a short p	lan year retum/	report (less than 12 m	onths)	
C	Check box if filing under:	Form 5558	automat	ic extension			DFVC program
		special extension (enter descript	ion)				
	Part II Basic Plan Infor	mation—enter all requested infor	nation				
	a Name of plan					1b	Three-digit
P	INE MOUNTAIN LUMBER	, L.L.C. 401K PROFIT S	HARING	PLAN & T	RUST		plan number
							(C14) k 1
							Effective date of plan
	a Plan sponsor's name and add	ress; include room or suite number (employer.	if for a single-e	mplover plan)		Employer Identification Number
: E	INE MOUNTAIN LUMBER	, L.L.C.		•	,		(EIN) 61-1272454
1	256 MANCHESTER STRE	ET		•		2c	Sponsor's telephone number
							606-633-9663
- I	EXINGTON	KY 40504-1129					Business code (see instructions)
3	A Plan administrator's name and	i address (if same as plan sponsor,	antor "Com	o7N			113310
Į	INE MOUNTAIN LUMBER 256 MANCHESTER STRE	L.L.C.	enter Sam	e)	ļ		Administrator's EIN 61-1272454
						3c	Administrator's telephone number
<u>I</u>	EXINGTON	KY 40504-1129					606-633-9663
-4	name, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	last return.	report filed for	this plan, enter the	4b	EIN .
	a Sponsor's name					4c	PN
5	a Total number of participants a	it the beginning of the plan year				5a	69
- 1	D Total number of participants a	t the end of the plan year	••••••			5b	58
	Number of participants with a	count balances as of the end of the	plan vear (defined benefit	plans do not		
_						5c	37
- 6	Were all of the plan's assets	during the plan year invested in eligit	ole assets?	(See instruction	ns.)		X Yes No
	under 29 CFR 2520.104-46?	he annual examination and report of (See instructions on waiver eligibility	an indeper	ndent qualified	public accountant (IQF	PA)	X Yes No
	If you answered "No" to eith	ner 6a or 6b, the plan cannot use F	orm 5500	SF and must i	nstead use Form 550	0.	
F	art III Financial Inform	ation					
7	Plan Assets and Liabilities			(a) Be	ginning of Year	<u>] </u>	(b) End of Year
					78382	4	694995
			. }		·		
_		7b from line 7a)	. 7c		783824	4	694995
-8	Income, Expenses, and Trans			(a) Amount		(b) Total
Č	Contributions received or rece (1) Employers	ivable from:	. 8a(1)		14264	4	Land and only being a section to
		***************************************	8a(2)		3015	-	The second second second second second
)	8a(3)		5015	1	
·		······	8b		-30082		
		8a(2), 8a(3), and 8b)	8c		5000		14334
C	Benefits paid (including direct	rollovers and insurance premiums					11051
			. 8d		103163	3	
. 6		tive distributions (see instructions)	8e			4	
1		rs (salaries, fees, commissions)	8f			4	
9			8g				
h	, (8e, 8f, and 8g)	8h				103163
1		e 8h from line 8c)					-88829
For		ee instructions)	8j				
	· · ··································	11411111219, 055 LIG 1113LUUUUN 15 10[C-VUCG MILU				Form 5500-SF (2011)

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Contraction and Contraction				
Part IV	~	^L	_ 4	
	Ulan	i hara	cteristics	۰

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part									
10_	During the plan year:				Yes	No	/	Amount	
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Progr	ram)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Decon line 10a.)	o not include trans	sactions reported	10b		X			
C	Was the plan covered by a fidelity bond?			10c	Х			500	000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	lity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	ersons by an insu	rance carrier, le plan? (See	10e	x			34	422
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.)	<u>}</u>	10g	i	X			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 2	9 CFR +	10h	-	Х			
i	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	ne of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (if "Yes," see ins	tructions and comp	lete S	Sched	ule SE	(Form	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requ							Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable					-			
	If a waiver of the minimum funding standard for a prior year is being an granting the waiver.		Month	ions, 1	and e	nter th Day	e date of the	e letter ruling /ear	_
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•				40h			
	Enter the minimum required contribution for this plan year				1	12b			
	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the amount in line 12b. Enter the r				" <u>-</u>	12c			
	negative amount)	***************************************			∟	12d			
	Will the minimum funding amount reported on line 12d be met by the fu	ınding deadline?		••••••	*******		Yes	No N	/A
Part									
	Has a resolution to terminate the plan been adopted in any plan year?					Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the emplo								
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?		***************************************		•••••	ntroi		Yes 🛛	No
С	If during this plan year, any assets or liabilities were transferred from th which assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	plan	(s) to				
1:	Sc(1) Name of plan(s):		· .		13c	(2) El	N(s)	13c(3) PN((s)
•								ļ	
Cauti	on: A penalty for the late or incomplete filing of this return/report w	vill be assessed i	uniess reasonable	caus	se is e	stabl	ished.		
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is fine, correct, and complete	eclare that I have the electronic vers	examined this return/re	n/report,	ort, inc	duding the b	g, if applicab est of my kr	le, a Schedule nowledge and	•
SIGN	The tola	3.5.12	JOHN E. FOLI	ΕY		•	······································		
HERE		Date	Enter name of ind		al sion	ing as	plan admin	istrator	
CICE		3.5.12	JOHN E. FOLI		vigit	40	prom acmin		
SIGN HERE			Enter name of ind		al cian	ina a-	omnleyer =	r plan en ene	
	Signature of employer/plantsporisor Date Enter name				ar siyn	my as	embiosei o	i pian sponsol	ı