Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance witl	h the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
•	special extension (enter description						
	<u></u>	,					
	art II Basic Plan Information—enter all requested information	ation					
	Name of plan			1b	Three-digit		
KEN	TUCKY TIE & LUMBER CO., INC. 401(K) PROFIT SHARING PLAN				plan number (PN)	001	
			·	10	Effective date of		
				10	01/01		
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2h	Employer Identif		r
	TUCKY TIE & LUMBER CO., INC.		and an energy compression promity		(EIN) 61-05		,,
				2c	Sponsor's telep	hone number	
PO	BOX 414				270-384		
	UMBIA, KY 42728			2d	Business code (see instruction	ıs)
					32121		•
3a	Plan administrator's name and address (if same as plan sponsor, en	nter "Same	?")	3b	Administrator's I	EIN	
KENT	FUCKY TIE & LUMBER CO., INC. P.O. BOX 414 COLUMBIA, R					42659	
	COLUMBIA, P	11 42/20		3c Administrator's telephone number 270-384-3903			
	If the many and/or FINI of the plan and a sharp of an and a size of the life	war and file of familia in land and and the	415		-3903		
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			28
b	Total number of participants at the end of the plan year		ŀ				
	Number of participants with account balances as of the end of the p		 	5b			•
С	complete this item)	,	•	5c			3
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a		'				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ions.)	<u>′</u>		× 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	00.			
Pa	rt III Financial Information	1	<u></u>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	578241			975	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	578241			975	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		(c)		X 7		
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	27854				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				27854	
d	Benefits paid (including direct rollovers and insurance premiums						
_	to provide benefits)	. 8d	600738				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	4382				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				605120	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-577266	
j	Transfers to (from) the plan (see instructions)						
	·	ر ا	I .				

Form	5500	SF	201

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Dart IV	Dlan	Characteristics
Partiv	Pian	Characteristics

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

Part	V Compliance Questions								
10	During the plan year:		Yes	No	А	mount			
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		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
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				0		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					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 instrugranting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Enter 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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d					
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No X	N/A		
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	'es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol		Yes	X No		
С									
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) F							PN(s)		
				-					
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.				
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/re _l	port, ir	ncluding	g, if applicab				

SIGN	Filed with authorized/valid electronic signature.	06/13/2012	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**

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Pa	art I	Annual Report	Identification Inf								
For	calenda	ar plan year 2011 or fis	scal plan year beginnin	g	01/01/2	011 ar	nd ending		12/31/201	1	
A	Γhis ret	turn/report is for:	X a single-employer	plan	a multiple	-employer plan (not r	nultiemployer)		a one-particip	ant plan	
В	Γhis ret	turn/report is:	the first return/rep	ort	the final r	eturn/report			_		
			an amended retui	n/report	a short pla	n year return/report (less than 12 mon	iths)			
C	Check h	box if filing under:	Form 5558	Ī	automatic	extension			DFVC progra	m	
	JIIOOK K	box ii iiiiig undoi:	special extension	Lenter descript	_			l			
Da	rt II	Racic Plan Info	rmation—enter all r	` .							
		of plan	illiation—enter an r	equested inform	паноп			1h	Three-digit		
		UCKY TIE & LUI	MBER CO INC						plan number		
		K) PROFIT SHA	•				L		(PN) ▶	001	
	4UI(K) PROFII SHAI	KING PLAN				<i>'</i>	1c	Effective date of	plan	
2-				• • • •				01.	01/01/1990		
		ponsor's name and add 'UCKY TIE & LUI		,	employer, if	for a single-employe	r plan)	2 b	Employer Identif (EIN) 61-054		er
RENTOCKT TIE & EGIEEK GO., THE.					-	20	Sponsor's telepl				
							'	20	(270) 384-	3903	
	P.O.	BOX 414						2d	Business code (see instructio	ns)
	COLUI	MBIA				KY 4272	8		321210		
		dministrator's name an	nd address (if same as	plan sponsor, e	enter "Same	")	;	3b	Administrator's E	EIN	
	SAME						<u> </u>	20	A dusinistants de 4	-1	
							Ι,	30	Administrator's t	elepnone nur	nber
4	If the r	name and/or EIN of the	e plan sponsor has cha	nged since the	last return/i	eport filed for this pla	n, enter the	4b	EIN		
		, EIN, and the plan nur	mber from the last retu	n/report.				_			
		or's name						4c	PN		0.0
		number of participants	0 0	. ,			<u> </u>	5a	<u> </u>		28
		number of participants						5b			3
С		er of participants with a lete this item)						5c			3
6a	Were	all of the plan's assets	s during the plan year i	nvested in eligi	ble assets?	(See instructions.)				X Yes	No
b		ou claiming a waiver of								X Yes	No
		· 29 CFR 2520.104-46? ı answered "No" to ei	`			,				A 163	INO
Pa	rt III	Financial Inform		r carmot asc i	01111 0000	or and mast mateur	<u>a ase i oiiii oooo</u>	<u>'-</u>			
7	Plan A	Assets and Liabilities				(a) Beginnir	ng of Year		(b) End	of Year	
а	Total p	plan assets			7a	\.,'\.	578,241		()		975
		plan liabilities									
С	Net pla	an assets (subtract line	e 7b from line 7a)		7с		578,241				975
8	Incom	ne, Expenses, and Trar	nsfers for this Plan Yea	r		(a) Amo	ount		(b) T	otal	
а	Contril	butions received or rec	ceivable from:								
	(1) Er	mployers						ŀ			
	` '	articipants						ŀ			
	` '	thers (including rollove	,				00.054	ł			
		income (loss)					27,854			0.5	. 054
_		income (add lines 8a(1			8c					27	,854
d		its paid (including dired vide benefits)		•	8d		600,738				
е	Certai	in deemed and/or corre	ective distributions (see	instructions)	8e						
f	Admin	nistrative service provid	ders (salaries, fees, co	nmissions)	8f		4,382				
g	Other	expenses			8g						
h	Total e	expenses (add lines 8c	d, 8e, 8f, and 8g)		8h					605	,120
i		come (loss) (subtract li								(577,	266)
i	Transf	fers to (from) the plan ((see instructions)		8i						

		Form 5500-SF 2011	Page 2 -			_					
Par	t IV	Plan Characteristics									
	If the	e plan provides pension benefits, enter the applicable pension fearer 2 F $2\mathrm{G}$ $2\mathrm{T}$ $3\mathrm{D}$ $3\mathrm{H}$	ture codes from the	List of Plan Chara	acteris	stic Co	odes in	the instr	uctions):	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	٧	Compliance Questions									
10	Dur	ing the plan year:				Yes	No		Amo	ount	
а		s there a failure to transmit to the plan any participant contributior CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С	Wa	s the plan covered by a fidelity bond?			10c	X				50,000	
d	Did or c	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	elity bond, that was	caused by fraud	10d		Х				
е	We inst	re any fees or commissions paid to any brokers, agents, or other irance service or other organization that provides some or all of the ructions.)	persons by an insurant persons by an insurant persons benefits under the	ance carrier, e plan? (See	10e		Х				
f	Has	the plan failed to provide any benefit when due under the plan?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g	Х				0	
h		is is an individual account plan, was there a blackout period? (Se 0.101-3.)			10h		Х				
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part	VI	Pension Funding Compliance									
11	550	is a defined benefit plan subject to minimum funding requirement 0))								Yes No	
12		nis a defined contribution plan subject to the minimum funding red	•	n 412 of the Code	or se	ction	302 of	ERISA?	∐	Yes 🛚 No	
а	lfa	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 ting the waiver.	amortized in this plar	n year, see instruc	ctions, th	, and e	enter th Dav	e date of	f the le Yea	tter ruling	
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule M					,				
b	Ente	er the minimum required contribution for this plan year					12b				
C	Ente	er the amount contributed by the employer to the plan for this plar	ı уеаг				12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)				[12d				
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?			0000000		Yes	<u> </u>	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?			<u></u>		X	es 🗌	No		
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year		1	3a				0	
b	of tl	e all the plan assets distributed to participants or beneficiaries, tra ne PBGC?								Yes X No	
С	whi	rring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to					
1	3c(1) Name of plan(s):			┝	13	c(2) E	N(s)	- 30	13c(3) PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonab	le cau	ıse is	estab	ished.			
SB o	r Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.									
SIGI	T_{ν}	Spain Stell	6-13-12	SHARON STE	ELE						
HER	_ [4	Signature of plan administrator	Date	Enter name of ir		ual sig	ning a	s plan ad	lministr	rator	
SIGI	T										
HER	- 1	Signature of employer/plan sponsor	Date	Enter name of ir	ndividi	ual sin	ınina a	s employ	er or n	lan sponsor	