

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2004</u> and ending <u>12/31/2004</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☒ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ALDELANO CORPORATION 401K PROFIT SHARING PLAN AND TRUST</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>09/01/1990</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan	<u>09/01/1990</u>
1b Three-digit plan number (PN) ►	<u>001</u>				
1c Effective date of plan	<u>09/01/1990</u>				
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ALDELANO CORPORATION OF MICHIGAN</u> <u>2050 SPENCERVILLE RD</u> <u>LIMA, OH 45805-3322</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>38-2886428</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>419-229-9898</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-2886428</u>	2c Sponsor's telephone number <u>419-229-9898</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>38-2886428</u>					
2c Sponsor's telephone number <u>419-229-9898</u>					
2d Business code (see instructions) <u>339900</u>					

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/25/2012</u>	<u>WALLY NEAL</u>
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ALDELANO CORPORATION OF MICHIGAN 2050 SPENCERVILLE RD LIMA, OH 45805-3322	3b Administrator's EIN 38-2886428 3c Administrator's telephone number 419-229-9898
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	281
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	360
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	32
d Subtotal. Add lines 6a , 6b , and 6c	6d	392
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	392
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	73
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 2G 3E 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2004</u> and ending <u>12/31/2004</u>		
A Name of plan <u>ALDELANO CORPORATION 401K PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALDELANO CORPORATION OF MICHIGAN</u>	D Employer Identification Number (EIN) <u>38-2886428</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	273783	180590
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	20946	14996
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	147590
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	294729	343176

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	294729	343176
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8547	
(B) Participants	2a(1)(B)	52657	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		61204
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1617	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	616	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2233
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		13746
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		77183

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28648	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		28648
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	88	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		88
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		28736

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		48447
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Aldelano Corporation
401(k) Profit Sharing Plan & Trust
Audited Financial Statements

December 31, 2004 and 2003



Rea & associates

www.reacpa.com

ALDELANO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

**AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2004 AND 2003**

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June 21, 2012

To the Board of Directors
Aldelano Corporation 401(k) Profit Sharing Plan & Trust
Lima, Ohio 45805

Independent Auditor's Report

We have audited the financial statements and supplemental schedule of Aldelano Corporation 401(k) Profit Sharing Plan & Trust as of and for the years ended December 31, 2004 and 2003 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

Except as explained in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by New England Financial, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the New England Financial held the Plan's investment assets and executed investment transactions from January 1, 2003 to December 9, 2003. The plan administrator has obtained a certification from the custodian for the period of January 1, 2003 through December 9, 2003 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2003 financial statements and schedule taken as a whole. The form and content of the information included in the 2003 financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the financial statements, referred to above, of the Aldelano Corporation 401(k) Profit Sharing Plan & Trust as of December 31, 2004, and for the year then ended present fairly, in all material respects, in conformity with accounting principles generally accepted in the United States of America.

Our audit of the Plan's financial statements as of and for the year ended December 31, 2004, was made for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2004, and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Rea & Associates, Inc.

ALDELANO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2004 AND 2003

	<u>2004</u>	<u>2003</u>
Cash	\$ 0	\$ 273,783
Participant directed investments, at fair value:		
Mutual Funds	147,590	0
Money Market	<u>180,590</u>	<u>0</u>
	328,180	0
Participant Loans	<u>14,996</u>	<u>20,946</u>
Net assets available for benefits	<u>\$ 343,176</u>	<u>\$ 294,729</u>

The accompanying notes are an integral part of these financial statements.

ALDELANO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2004 AND 2003

	2004	2003
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of mutual funds	\$ 13,746	\$ -
Net appreciation in fair value of pooled separate accounts	-	27,180
Interest income	2,233	1,409
	<u>15,979</u>	<u>28,589</u>
Contributions:		
Employer	8,547	8,034
Participant	52,657	42,604
	<u>61,204</u>	<u>50,638</u>
Total additions	77,183	79,227
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	28,648	53,937
Administrative expenses	88	2,506
	<u>28,736</u>	<u>56,443</u>
Total deductions	28,736	56,443
Change in net assets available for benefits	48,447	22,784
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>294,729</u>	<u>271,945</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 343,176</u>	<u>\$ 294,729</u>

The accompanying notes are an integral part of these financial statements.

ALDELANO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2004 AND 2003

NOTE 1: DESCRIPTION OF PLAN

The following description of Aldelano Corporation 401(k) Profit Sharing Plan & Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the corporation who have completed six months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 15% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company establishes annually a discretionary match for participant contributions to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's board of directors and are invested in a portfolio of investments as directed by the Company. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in 5% increments to any investment options available during the year.

Participant Loans

Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bears interest at rates that range from 4.25% to 8.50% percent, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments over a fixed period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

ALDELANO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2004 AND 2003

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts

At December 31, 2004, forfeited nonvested accounts totaled \$2,214. These accounts will be used to reduce future employer contributions. During the year ended December 31, 2004, forfeitures in the amount of \$0 were used to reduce employer contributions.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Except for certain transactional fees, administrative expenses of the Plan are paid by the Plan sponsor.

NOTE 3: INVESTMENTS

The following presents investments (all participant directed) that represent 5% or more of the Plan's net assets:

	<u>2004</u>
Mutual Funds:	
Merrill Lynch Money Market Fund	\$ 180,590
Merrill Lynch Large Cap Value Fund C	31,808
Merrill Lynch Value Opportunity Fund C	29,786
Merrill Lynch Global Allocation Fund	25,950
Merrill Lynch US Government Mortgage Fund	21,180
	<u>2003</u>
Mutual Funds:	
Merrill Lynch Money Market Fund	\$ 273,783

ALDELANO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2004 AND 2003

NOTE 4: PLAN TERMINATION

During 2011, the Board of Directors of Aldelano Corporation of Michigan, the Plan's sponsor, voted that effective August 25, 2011 the Plan would be terminated. As such, all contributions to the Plan would cease as of that date and all Plan participants would become 100% vested in all Plan contributions.

NOTE 5: TAX STATUS

The Plan has adopted a non-standardized form of a prototype plan sponsored by Paychex, Inc. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan, and the Plan Administration believes that the Plan is designed and is currently being operated with the applicable requirements of the IRC. Management believes that the Plan has not done anything to jeopardize their tax exempt status and does not have any activities that would generate unrelated business income tax

NOTE 6: INFORMATION CERTIFIED BY CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements, that were prepared by New England Financial, the custodian and recordkeeper of the Plan from January 1, 2003 through December 9, 2003, and furnished to the plan administrator. The plan administrator has obtained a certification from the custodian that such information is complete and accurate.

	<u>2004</u>	<u>2003</u>
Investments, at fair value:		
Pooled Separate Accounts	\$ 0	\$ 0
Participant loans	0	0
Net appreciation in fair value of pooled separate accounts	0	27,180
Interest income	0	1,325

NOTE 7: TAX STATUS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. At December 31, 2004 and 2003, the Plan used Merrill Lynch to act as custodian, as such, the administrative fees paid to Merrill Lynch qualify as party-in-interest transactions. Additionally, the Plan holds party-in-interest investments in the form of as several mutual funds managed by Merrill Lynch and participant loans.

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the
Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the
Internal Revenue Code (the Code).

► File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to
Public Inspection.

For calendar year 2004 or fiscal plan year beginning 01/01/2004 and ending 12/31/2004

A Name of plan

ALDELANO CORPORATION 401K PROFIT SHARING PLAN AND TRUST

B Three-digit
plan number ►

001

C Plan sponsor's name as shown on line 2a of Form 5500

ALDELANO CORPORATION OF MICHIGAN

D Employer Identification Number
38-2886428

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified
in the instructions

1

\$

0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries
during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts
of benefits). 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during
the plan year

3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue
Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this
plan year, see instructions, and enter the date of the ruling letter granting the waiver ► Month Day Year

If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year

6a

\$

b Enter the amount contributed by the employer to the plan for this plan year

6b

\$

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left
of a negative amount)

6c

\$

0

If you completed line 6c, do not complete the remainder of this schedule.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic
approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? . .

☐ Yes

☐ No

☐ N/A

Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that
increased the value of benefits? (See instructions)

☐ Yes

☐ No

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

v7.2

Schedule R (Form 5500) 2004

2 2 0 4 1 4 0 1 0 E



**SCHEDULE T
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the
Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2004

**This Form is Open to
Public Inspection.**

For calendar year 2004 or fiscal plan year beginning 01/01/2004 , and ending 12/31/2004 ,

A Name of plan <u>ALDELANO CORPORATION 401K PROFIT SHARING PLAN AND</u>	B Three-digit plan number plan number ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALDELANO CORPORATION OF MICHIGAN</u>	D Employer Identification Number <u>38-2886428</u>

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instructions for line 1).
- An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instructions for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer	1b Employer identification number
--	--

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

- a** The number of QSLOBs that the employer operates is _____.
- b** The number of such QSLOBs that have employees benefiting under this plan is _____.
- c** Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? . . . ☐ Yes ☐ No
- d** If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.
►

3 Exceptions -- Check the box before each statement that describes the plan or the employer. Also see instructions.

If you check any box, do not complete the rest of this Schedule.

- a** ☐ The employer employs only highly compensated employees (HCEs).
- b** ☐ No HCEs benefitted under the plan at anytime during the plan year.
- c** ☐ The plan benefits only collectively-bargained employees.
- d** ☒ The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
- e** ☐ The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v7.2 **Schedule T (Form 5500) 2004**

2 8 0 4 1 4 0 1 0 K



- 4** Enter the date the plan year began for which coverage data is being submitted. Month ____ Day ____ Year ____
- a** Did any leased employees perform services for the employer at any time during the plan year? ☐ Yes ☐ No
- b** In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? ☐ Yes ☐ No
- c** Complete the following:
- | | | |
|--|-------------|---|
| (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals | c(1) | |
| (2) Number of excludable employees as defined in IRS regulations (see instructions) | c(2) | |
| (3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) | c(3) | |
| (4) Number of nonexcludable employees (line 4c(3)) who are HCEs | c(4) | |
| (5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan | c(5) | |
| (6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs | c(6) | |
| d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) ▶ | d | % |
- e** Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

Disaggregated Part:**Ratio Percentage:****Exception:**

(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

- f** This plan satisfies the coverage requirements on the basis of (check one): (1) ☐ the ratio percentage test (2) ☐ average benefit test

2 8 0 4 1 4 0 2 0 L



**SCHEDULE P
(FORM 5500)**

Department of the Treasury
Internal Revenue Service

**Annual Return of Fiduciary
of Employee Benefit Trust**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

2004

This Form is Open to
Public Inspection.

For trust calendar year 2004 or fiscal year beginning 01/01/2004 , and ending 12/31/2004 ,

1a Name of trustee or custodian

ALFRED HOLLINGSWORTH

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

2050 SPENCERVILLE RD

c City or town, state, and ZIP code

LIMA OH 45805-3322

2a Name of trust

ALDELANO CORPORATION 401K PROFIT SHARING PLAN AND TRUST

b Trust's employer identification number

3 Name of plan if different from name of trust

ALDELANO CORPORATION 401K PROFIT SHARING PLAN AND TRUST

4 Have you furnished the participating employee benefit plan(s) with the financial information required to be reported by the plan(s)? ☒ Yes ☐ No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ ► 38-2886428

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN
HERE**

Signature of
fiduciary ►

Date ►

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

v7.2

Schedule P (Form 5500) 2004

2 6 0 4 1 4 0 1 0 I



ALDELANO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

AS OF DECEMBER 31, 2004

#38-2886428

PLAN #001

a.	b. IDENTITY OF ISSUE	c. DESCRIPTION OF INVESTMENT	e. VALUE
*	MERRILL LYNCH	MONEY MARKET FUNDS	\$ 180,590
	JP MORGAN	DYNAMIC SMALL CAP FD CL C	\$ 2,483
*	MERRILL LYNCH	LARGE CAP VALUE FUND CL C	\$ 31,808
*	MERRILL LYNCH	GLOBAL ALLOCATION FUND	\$ 25,950
	DAVIS FUNDS	NEW YORK VENTURE FUND CL C	\$ 3,083
	EVERGREEN	EVERGREEN CORE BOND CL C	\$ 13,159
*	MERRILL LYNCH	FUNDAMENTAL GROWTH FUND	\$ 11,188
	MFS	TOTAL RETURN FUND	\$ 2,602
*	MERRILL LYNCH	US GOVT MORTGAGE FUND	\$ 21,180
*	MERRILL LYNCH	LARGE CAP CORE FD CL C	\$ 2,195
*	MERRILL LYNCH	INTERNATIONAL VALUE FUND CL C	\$ 4,156
*	MERRILL LYNCH	VALUE OPPORTUNITY FUND CL C	\$ 29,786
*	N/A	PARTICIPANTS' NOTES RECEIVABLE, 4.25% - 8.50%	\$ 14,996

* Denotes Party-in-Interest