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 an entries in accord | uance wit | ii the manuchona to the Form 3300 | <i>J</i> -3F. | | | |
|--|---|------------------------|--|---------------|----------------------------------|--------------------|-----|
| | art I Annual Report Identification Information | | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/201 | 1 | and ending 1 | 2/31/2 | 2011 | | |
| Α . | This return/report is for: | a multiple | e-employer plan (not multiemployer) | | a one-participar | nt 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: | automatic | extension | | DFVC program | | |
| | special extension (enter description | on) | | | _ | | |
| Pa | art II Basic Plan Information—enter all requested information | ation | | | | | |
| 1a | Name of plan | | | 1b | Three-digit | | |
| | RHEAD DOOR CORP OF LEXINGTON 401K PROFIT SHARING PL | LAN & TRI | JST | | plan number | | |
| | | | | | (PN) • | 002 | |
| | | | | 1c | Effective date of pl 04/01/20 | | |
| 2a | Plan sponsor's name and address: include room or suite number (e | mplover, if | for a single-employer plan) | 2b | | | er |
| | | ,,, | in a single employer plany | | | | ,, |
| | | | | 2c | Sponsor's telephor | ne number | |
| 22 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 25 Employer Identifica (EIN) 61-06038 26 Sponsor's telephor 859-254-66 27 Business code (see 812990 38 Plan administrator's name and address (if same as plan sponsor, enter "Same") OVERHEAD DOOR CORP OF LEXINGTON 181 TRADE STREET LEXINGTON, KY 40511-2608 30 Administrator's EIN 61-06038 31 Administrator's EIN 61-06038 32 Administrator's tele 859-254-66 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. 3 Sponsor's name 4 PN 5 Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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. | | | | | | | |
| LEXII | NGTON, KY 40511-2608 | | | 2d | | e instruction | ıs) |
| | | | | 01 | | | |
| | | | 9") | 30 | | | |
| | LEXINGTON, | , KY 4051 ² | 1-2608 | 3с | | | ber |
| 4 | If the name and/or FIN of the plan sponsor has changed since the l | ast return/ | report filed for this plan, enter the | 4h | | 000 | |
| - | | | | | | | |
| | • | | | 4c | PN | | |
| 5a | | | | 5a | | | 58 |
| b | | | • | 5b | | | 55 |
| С | | | | 5c | | | 50 |
| 6a | Were all of the plan's assets during the plan year invested in eligib | le assets? | (See instructions.) | | | X Yes | No |
| b | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | • | | | X Yes | No |
| Do | art III Financial Information | orm 5500- | SF and must instead use Form 550 |)0. | | | |
| | | | I | | | | |
| 7 | Plan Assets and Liabilities | _ | (a) Beginning of Year 857179 | | (b) End of | Year 918990 | |
| a | Total plan assets | | 037179 | | | 310330 | |
| b | | | 857179 | | | 918990 | |
| <u>C</u> | | . 7c | | | 4) = . | | |
| 8 a | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | (b) Tot | aı | |
| а | (1) Employers | . 8a(1) | 35881 | | | | |
| | (2) Participants | . 8a(2) | 100284 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| b | Other income (loss) | . 8b | -47863 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | 88302 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 26316 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | | 175 | | | | |
| g | Other expenses | | | | | | |
| h | | | | | | 26491 | |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | | 61811 | |
| j | Transfers to (from) the plan (see instructions) | - | | | | | |
| | | | 1 | | | | |

| Form | 5500- | SF | 201 |
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| Page 2 - | 1 |
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| Dart IV | Dlan | Chara | otorictics |
|---------|------|-------|------------|
| Part IV | Plan | Cnara | cteristics |

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

| Part | Compliance Questions | | | | | | |
|------|--|------------|--------|---------|----------|------------------|-----|
| 10 | During the plan year: | | Yes | No | Α | 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 | | 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 | | | 100 | 000 |
| 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 | | | 2 | 684 |
| 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 | | | 2 | 594 |
| 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 | | | | | |
| 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 X | 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 | 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 | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No N | I/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | |
| 13a | 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 employer this year | 1 | 3a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought | under | the co | ntrol | | | |
| | of the PBGC? | | | | | Yes X | No |
| - | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | he pla | | | | | |
| 1 | 13c(1) Name of plan(s): | | 13 | c(2) EI | N(s) | 13c(3) PN | (s) |
| | | | | | | | |
| | ion. A nonelly for the lete or incomplete filling of this section from the control of the contro | a === | .oo!r | 004-1-1 | inhad | | |
| - | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret | | | | | 0 0 800000 | |
| SB o | er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, 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. | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 10/04/2012 | TAYLOR LYLE |
|------|---|------------|--|
| 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).

the internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

| | art Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning | 1/01/2 | กาา | and ending | | 12/31/2011 |
|--------|--|---------------------------|------------------|---|------------|--|
| ***** | □ | | | and ending an (not multiemployer) | | _ |
| | | • | | in (not multiemployer) | | a one-participant plan |
| В | This return/report is: the first return/report | | eturn/report | | . 45. \ | |
| _ | | • | • | report (less than 12 mo | inths) | _ |
| С | Check box if filing under: X Form 5558 | | extension | | | DFVC program |
| | special extension (enter description) | · | | | | |
| | art II Basic Plan Information—enter all requested information | ation | | | 41- | |
| та | Name of plan OVERHEAD DOOR CORP OF LEXINGTON 401K | | | | 10 | Three-digit plan number |
| | | | | | | (PN) ▶ 002 |
| | PROFIT SHARING PLAN & TRUST | | | | 1c | Effective date of plan |
| | | | | | | 04/01/2001 |
| 2a | Plan sponsor's name and address; include room or suite number (e OVERHEAD DOOR CORP OF LEXINGTON | mployer, it | for a single-e | mployer plan) | 2b | Employer Identification Number (EIN) 61-0603952 |
| | OVERHEAD DOOK CORE OF HEATINGTON | | | | 20 | Sponsor's telephone number |
| | | | | | 20 | (859) 254-6606 |
| | 181 TRADE STREET | | | | 2d | Business code (see instructions) |
| | LEXINGTON | | KY | 40511-2608 | **** | 812990 |
| 3a | Plan administrator's name and address (if same as plan sponsor, er SAME | nter "Same | e") | | 3b | Administrator's EIN |
| | | | • | | 3c | Administrator's telephone number |
| | | | | | | A CAMPAGNATION OF THE PROPERTY |
| 4 | If the name and/or EIN of the plan sponsor has changed since the l | ast return/ | report filed for | this plan, enter the | 4b | EIN |
| а | name, EIN, and the plan number from the last return/report. Sponsor's name | | | | 4c | PN |
| | Total number of participants at the beginning of the plan year | | | | <u>5a</u> | 58 |
| | Total number of participants at the end of the plan year | | | ŀ | 5b | 55 |
| | Number of participants with account balances as of the end of the | | | ļ. | 3.0 | |
| | complete this item) | | | • | 5с | 50 |
| | Were all of the plan's assets during the plan year invested in eligible | | • | , | | 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 | | | | | X Yes ∏ No |
| | If you answered "No" to either 6a or 6b, the plan cannot use Fo | | • | | | |
| Pa | irt III Financial Information | | | *************** | | |
| 7 | Plan Assets and Liabilities | 1111491991411-41-1-1-19-1 | (a) B | eginning of Year | | (b) End of Year |
| а | Total plan assets | 7a | | 857,17 | 9 | 918,990 |
| b | Total plan liabilities | 7b | | ,s | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 857,17 | 9 | 918,990 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | (a) Amount | 1000 11110 | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 35,88 | 1 | |
| | (2) Participants | 8a(2) | | 100,28 | | |
| | (3) Others (including rollovers) | | | ······································ | | |
| b | Other income (loss) | | | (47,863 |) | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 88,302 |
| d | Benefits paid (including direct rollovers and insurance premiums | | | 26.21 | 6 | |
| _ | to provide benefits) | 8d | | 26,31 | U. | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | 17 | 5 | |
| f ~ | Administrative service providers (salaries, fees, commissions) | | | ± / | 4 | |
| g | Other expenses (add lines 2d, 2a, 2f, and 2a) | 8g | AMARIAN INTERNA | alendesperusjäendespuservioenseesises | | 26,491 |
| n i | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | 61,811 |
| i | Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions) | | | ossaggostaurtopriestrof: Yleigir (495 655 | III. | |
| , | The same of the sa | 8j | i | | 1205000 | |

| rage z - | Page | 2 | _ |
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| 1 1 11111 111111 | | | |
|--|------|--------|------------|
| | F X | ~ 1 | |
| Part IV | MISS | I Bara | eteristics |
| | | | |

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

| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | | | | | | | | | | | |
|--|----------------|--|--|---|-----------------|----------|------------------|--|---------------------|-----------------|------------|
| a Was there a failune 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10.a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d 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). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant leanns? (If 'Yes, 'enter amount as of year end.). f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3). i If 10 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 250.101-3. 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500). The state of the minimum funding standard for a prior year is bring ameriteed in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month b Einter the minimum required contribution for this plan year. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Einter the minimum required contribution for this plan year. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Einter the minimum required contribution for this plan year. If yes In a label the plan assets distributed to participants or beneficiaries, transferred to another plan(s), identify the plan(s) to which assets or liabilities were tr | Part | V Compliance Questions | | | | | | , | · | | |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10 | During the plan year: | | | | Yes | No | | Amou | nt | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). or line 10a.). 10b | а | | | | | | | | | | |
| on line 10a.) | h | | _ | · · · · · · · · · · · · · · · · · · · | 10a | | Λ | | | | |
| C Was the plan covered by a fidelity bond?. d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance participant loans? (If "Yes," enter amount as of year end.). 100 | D | | | | | | | | | | |
| e 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.) 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 as of year end.) 100 | С | land | | | | | | | | 100 | 0,000 |
| instructions or other organization that provides some or all of the benefits under the plan? (See instructions). 10e | d | | | | | | | | | *** | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | е | e 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 | | | | | | | | 2 | 2,684 |
| 10g X 2,5 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 1 | f | F Has the plan foiled to provide any banefit when due under the plan? | | | | | | | | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3 | g | Did the plan have any participant loans? (If "Yes," enter amount as of y | /ear end.) | l | | Х | | | | 2 | 2,594 |
| 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 28 CFR 2520.101-3 | h | If this is an individual account plan, was there a blackout period? (See | instructions and 2 | 9 CFR | | | Х | | | | |
| Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) | i | If 10h was answered "Yes," check the box if you either provided the red | quired notice or or | ne of the | | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) | Part | INC. INC. | | | | | | processors and a second | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes I refer to the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the 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 letter ruling granting the waiver | | Is this a defined benefit plan subject to minimum funding requirements? | ? (If "Yes," see ins | tructions and comp | olete : | Sched | ule SE | 3 (Form | | | |
| (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver. Month Day Year If 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. 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 negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. D Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) | | 5500)) | | | | | | | | | |
| a If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If 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. 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 negative amount). e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. 13a b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13a Solution to terminate the date of the letter ruling Month Month Day Year 12b 12c | 12 | | | n 412 of the Code | or se | ction 3 | 02 of | ERISA? | L Y | es [| X No |
| granting the waiver | а | | | | ·: | | _44 | | | | |
| If 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 | | granting the waiver. | pia | Montl | uons, h | anu e | nter tr Day | ie date of t | ne letter Year | rulin | ıg |
| C Enter the amount contributed by the employer to the plan for this plan year | lf y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB | (Form 5500), an | d skip to line 13. | | _ | | | | | |
| 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 negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline? | b | Enter the minimum required contribution for this plan year | ••••• | | | _ | 12b | | | | |
| e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s | | | | | | | 12c | | | | |
| Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? | d | Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount) | esult (enter a min | us sign to the left o | of a | | 12d | | ., | | |
| Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year | е | Will the minimum funding amount reported on line 12d be met by the fu | nding deadline? | | | | | Yes | No | | N/A |
| if "Yes," enter the amount of any plan assets that reverted to the employer this year | Part | /II Plan Terminations and Transfers of Assets | | | | | | | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | | | \ | ′es X N | 0 | | |
| of the PBGC? | | | | | | 3a | | | | | |
| 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) | b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u | | | | | | | Пү | es [| No |
| | С | | is plan to another | plan(s), identify the | e plar | ı(s) to | | | _ | _ | _ |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. | 1 | 13c(1) Name of plan(s): | | | | | (2) El | N(s) | 130 | (3) F | N(s) |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. | | | | | | | | | | | |
| 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, 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. | SB or | Schedule MB completed and signed by an enrolled actuary, as well as: | eclare that I have the electronic vers | examined this return/resion of this return/re | n/rep eport, | ort, inc | cluding the b | g, if applica sest of my l | bie, a S knowled | Sched Ige ai | lule nd |
| SIGN Taylor Lyle | SIGN | Abb | 12/12 | Taylor Lyle |) | | | | | | |
| | | | | | | al sign | ing as | plan admi | nistrato | r | |
| | SICA | 10-21/2-10 | / / | | | | | - Daniel Branch | | | ******* |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator 10/2/1- Taylor Lylo | HERE | |)ate | | | al sign | ing as | emplover | or plan | spon | sor |
| 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 MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the host of multiproductions. | Cauti Under | of the PBGC? | is plan to another | plan(s), identify the | e plar | 13c | (2) El | ished. | 13c | c(3) F | > |
| | KILETYE | Oignature of plant administrator | / / | Enter name of inc | dividu | al sign | ing as | plan admi | nistrato | r | |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator | | 1971 | 12/12 | Taylor Lyle | 2 | | | | | | |
| HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Taylor Lyle | HEK | Signature of employer/plan sponsor |)ate | Enter name of inc | ubivit | al sign | ing as | employer | or plan | spon | sor |