	Form 5500-SF		Return/I Benefit	Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service			. FIGII actions 104 and 4065 of the Employee	•	2	2011
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act o	f 1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public pection
P	ension Benefit Guaranty Corporation	Complete all entries in accord	rdance witl	h the instructions to the Form 5500	0-SF.	113	pection
		entification Information		and an d'an at	0/04/		
-	calendar plan year 2011 or fisca				2/31/2		
	This return/report is for:	a single-employer plan		e-employer plan (not multiemployer)		a one-partici	bant plan
Β.	This return/report is:	the first return/report	1	eturn/report			
		an amended return/report	a short pla	an year return/report (less than 12 mc	onths)	—	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m
		special extension (enter descripti	,				
		nation—enter all requested inform	nation		41		
	Name of plan CAN MACHINERY MOVERS, IN	NC 401(K) PROFIT SHARING PLAN	N		16	Three-digit plan number	
						(PN) 🕨	001
					1c	Effective date o 01/01	•
	Plan sponsor's name and addre	ess; include room or suite number (e NC	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 61-10	
					2c	Sponsor's telep 859-23	
	DUNCAN MACHINERY DRIVE NGTON, KY 40504				2d	Business code (23890	
	Plan administrator's name and CAN MACHINERY MOVERS, IN		AN MACHI	NERY DRIVE	3b	Administrator's 61-10	EIN 99951
		LEXINGTON	I, KY 40504	ł	3c	Administrator's 859-233	elephone number 3-7333
4		lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN	
	•	the beginning of the plan year			5a		23
-					5b		22
С	Number of participants with ac	count balances as of the end of the	plan year (defined benefit plans do not	50 50		16
6a	1 /			(See instructions.)			X Yes No
	Are you claiming a waiver of th	e annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)		
				ions.)			X Yes 🗌 No
Pa	rt III Financial Informa		-orm 5500-	SF and must instead use Form 550	JU.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
a			7a	1276457		(,	1368664
b	•						
С	Net plan assets (subtract line 7	'b from line 7a)		1276457			1368664
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or recei		0-(1)				
				88928	-		
	.,			112136	-		
h	() ()			-72308	-		
c	· · · ·	8a(2), 8a(3), and 8b)					128756
d		rollovers and insurance premiums					
	to provide benefits)	· · · · · · · · · · · · · · · · · · ·		30802	_		
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	2731	_		
f		s (salaries, fees, commissions)		3016	-		
g							00510
h :		Be, 8f, and 8g)					36549
:		e 8h from line 8c)					92207
]	i ransfers to (from) the plan (se	ee instructions)	··· 8j				

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

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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:

2F 2G 2J 2K 2E 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	V	Compliance Questions								
10	Du	ring the plan year:		Yes	No		Α	mount	t	
а		as there a failure to transmit to the plan any participant contributions within the time period described in O CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х					
С	W	as the plan covered by a fidelity bond?	10c	Х					:	25000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х					
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		x					
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х						75810
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X					
i		0h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						Υe	es [X No
lf y c d <u>e</u> Part 13a b c	(If ' If a gra you Ent Sul neç Will Ha If " We of t If c wh	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver	ctions, th of a 1 under	, and e	12b 12c 12d 12d	Yes	e of the	No	rulin	X No g N/A N/A X No PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished				
Unde	r ne	nalties of perjury and other penalties set forth in the instructions. I declare that I have examined this retu	irn/re	oort ir	ncludir	ng if ar	plicabl	e a So	cher	lule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	CINDY RAUGH					
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 spons					

		Return/I Benefit	Report of Small Employ	ee	OMB Nos, 1210-0110 1210-0089
	Department of the nearby		ctions 104 and 4065 of the Employee		2011
	Department of Labor polysee Benefits Security Administration the Intern	f 1974 (ER	ISA), and sections 6057(b) and 6058(Code (the Code).		This Form is Open to Public Inspection
		rdance witl	h the instructions to the Form 5500	-SF.	
	art I Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning	01/01/2	011 and ending		12/31/2011
	R - mala	w.	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is for: A a single-employer plan This return/report is: I the first return/report	4 .	etum/report	Į	
	an amended return/report	4.	an year return/report (less than 12 mo	nths)	
c.	Check box if filing under: X Form 5558	4	cextension	l I	DFVC program
0	special extension (enter description)	2	, exections i	L	
P	Int II Basic Plan Information-enter all requested inform				
Barning inter	Name of plan	idaon.		1b	Three-digit
	DUNCAN MACHINERY MOVERS, INC 401(K) PRO	FIT			plan number
	SHARING PLAN				(PN) O01 Effective date of plan
					01/01/1986
2a	Plan sponsor's name and address; include room or suite number (employer, il	for a single-employer plan)	2b	Employer Identification Number
	DUNCAN MACHINERY MOVERS, INC				(EIN) 61-1099951
					Sponsor's telephone number (859) 233-7333
	2004 DUNCAN MACHINERY DRIVE				Business code (see instructions)
	LEXINGTON		KY 40504	r.a	238900
	Plan administrator's name and address (if same as plan sponsor, o	enter "Same		3b	Administrator's EIN
	SAME			30	Administrator's telephone number
				JU .	Automistrator s telephone number
4	If the name and/or EIN of the pian sponsor has changed since the	last 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			5a	23
b	Total number of participants at the end of the plan year		.,,	5b	22
¢	Number of participants with account balances as of the end of the				а <i>с</i>
<u> </u>	complete this item).			<u>5c</u>	
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of				X Yes No
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		Yes 🛛 No
	If you answered "No" to either 6a or 6b, the plan cannot use I	Form 5500-	SF and must instead use Form 550	0.	
	rt III Financial Information	L egelleta	n	Т	
7	Plan Assets and Liabilities		(a) Beginning of Year 1,276,45		(b) End of Year 1,368,664
a b	Total plan assets Total plan liabilities		1,610,40	' 	1,000,004
-+	Net plan assets (subtract line 7b from line 7a).		1,276,45	7	1,368,664
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) Total
a	Contributions received or receivable from:		Carrier and		
	(1) Employers	The second se			
	(2) Participants		88,92		
ь.	(3) Others (including rollovers)		112,13	-	
	Other income (loss).		(72,308) היא אינט בייני בנוגר בייני בנוגר אינט בייני		100 925 228 - 100 (100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)		30,80	2	128,756
е	Certain deemed and/or corrective distributions (see instructions).	0	2,73	. .	
f	Administrative service providers (salaries, fees, commissions)		3,01	- in the second s	
g	Other expenses			1	
ĥ	Total expenses (add lines 8d, 8e, 8f, and 8g)				36,549
Ĭ	Net income (loss) (subtract line 8h from line 8c)				92,207
ì	Transfers to (from) the plan (see instructions)				
1					

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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: 2F 2G 2J 2K 2E 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	V Compliance Questions			Children and a state			in the second		
10	During the plan year:				Yes	No	T	Amount	
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time pe Correction Progr	riod described in am)	10a		х		**************************************	
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b		х			
c	Was the plan covered by a fidelity bond?			10c	X			25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or dishonesty?	y bond, that was	caused by fraud	10d		x		<u></u>	
e	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	rsons by an insu benefits under th	ance carrier, e plan? (See	.0u 10e		X		an a	
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 of ye			10g	Х			75,810	
	If this is an individual account plan, was there a blackout period? (See i 2520.101-3.)	instructions and 2	9 CFR	109 10h		x			
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or or	ne of the	101	y				
art	VI Pension Funding Compliance						1		
11	is this a defined benefit plan subject to minimum funding requirements?	(if "Yes," see ins	tructions and com	piete	Sched	ule SE	Gifform		
	5500))			******	*******				
2	Is this a defined contribution plan subject to the minimum funding requi	rements of sectio	n 412 of the Code	or se	ction (302 of	ERISA?	Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a walver of the minimum funding standard for a prior year is being am	ortized in this pla	n year, see instruc	tions,	and e	nter th	e date of	the letter ruling	
łfυ	granting the walver.			in	<u> </u>	Day		Year	
	Enter the minimum required contribution for this plan year	. ,	•		Г	12b			
						12c			
c d	Enter the amount contributed by the employer to the plan for this plan ye Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	əsult (enter a min	us sign to the left (ofa	Г	120 12d			
e	Will the minimum funding amount reported on line 12d be met by the fur						Yes		
5 S .	VII Plan Terminations and Transfers of Assets	tung codumer		*****					
	Has a resolution to terminate the plan been adopted in any plan year?						es X N		
u						<u> </u>	45 12 N	10	
b	If "Yes," enter the amount of any plan assets that reverted to the employ								
	 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.)	s plan to another	plan(s), identity th	ie plar	n(s) to				
13c(1) Name of plan(s);					13c(2) EIN(s)			13c(3) PN(s)	
	on: A penalty for the late or incomplete filing of this return/report w							91	
Bor	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 t it is true, correct, and complete.	clare that I have the electronic vers	examined this retu sion of this return/r	rn/rep report,	ort, in and t	cluding o the t	a, if application of my	able, a Schedule knowledge and	
	[Kanto K	Jaliz	CINDY RAUGH					-	
IGN									
	Park (R				vidual signing as plan administrator THOMAR H. Bernixon				
lign	- O MOL - State	017/12	CTNDY BAUGI	1 (1	100	NAS	SH.K	enrigen	
IER	Signature of employer/plan sponsor	ate	Enter name of in	dividu	al sior	lina as	emplover	or plan sponsor	

Date

Enter name of individual signing as employer or plan sponsor