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 with	n the instructions to the Form 5	00-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20)11
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	a one-participant 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	months)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	_
Pa	Int II Basic Plan Information—enter all requested information	ation			
	Name of plan	ation		1b -	Γhree-digit
	GLETON LUMBER CO. INC. PROFIT SHARING PLAN				plan number
				(PN) • 001
				1c	Effective date of plan
2-	Di			01	01/01/1978
	Plan sponsor's name and address; include room or suite number (er GLETON LUMBER CO.	mployer, if	for a single-employer plan)		Employer Identification Number EIN) 61-0163390
					E114)
4000	INDUSTRY DR			20	Sponsor's telephone number 859-254-2371
	INDUSTRY RD NGTON, KY 40505			2d E	Business code (see instructions)
					444190
	Plan administrator's name and address (if same as plan sponsor, er		·")	3b /	Administrator's EIN 61-0163390
CON	GLETON LUMBER CO. 1260 INDUST LEXINGTON,		i i	3c /	Administrator's telephone number
					859-254-2371
4	If the name and/or EIN of the plan sponsor has changed since the laname, 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	20
b	Total number of participants at the end of the plan year			- Ou	C
C	Number of participants with account balances as of the end of the p			30	
	complete this item)		•	5c	C
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				X Yes □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		· · · · · · · · · · · · · · · · · · ·		X Yes No
Pa	rt III Financial Information	21111 0000	or and must misteau use i orm		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	232020		0
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	232020		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		(5) - 5 - 5		V. 1
	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	232020		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			232020
i	Net income (loss) (subtract line 8h from line 8c)	8i			-232020
i	Transfers to (from) the plan (see instructions)				
,	(8j	I		

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Part IV	Plan	Characteristics

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

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

)	During the plan year:		Yes	No			Amoı	ınt	
a	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					
C	Was the plan covered by a fidelity bond?	10c	Χ						7500
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					
9	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.)	10q		Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
rt '									
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						П	Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ħ	Yes	V N
	3 · [· · · · · · · · · · · · · · · · · ·		ULIUII U	302 ot	EKIS	A?		162	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		Clion	302 of	EKIS	A?	Ш	165	No.
a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions,	and e	nter t	he dat	e of th	ie lette	er ruli	ng
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions, th	and e	nter t	he dat	e of th	ie lette	er ruli	ng
a If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter t	he dat	e of th	ie lette	er ruli	ng
a If y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	enter t Day	he dat	e of th	ie lette	er ruli	ng
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	nter t Day	he dat	e of th	ie lette	er ruli	ng
a lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	ctions, th of a	and e	nter t Day 12b 12c 12d	he dat	e of th	ie lette	er ruli	ng
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter t Day 12b 12c 12d	he dat	e of th	e lette	er ruli	ng
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	12b 12c 12d	he dat	e of th	re lette Year	er ruli	ng
a If y b c d e rt '	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	he dat	e of th	re lette Year	er ruli	ng
a If y b c d rt'sa	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	he dat	e of th	No	er ruli	ng —
a If y b c d ert ' Ba	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	he dat	e of th	No	er ruli	ng
a If y b c d ert'sa b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	he dat	e of th	e lettt Year	Yes	ng ——
a If y b c d e ort ' Ba b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	12b 12c 12d 	he dat	e of th	e lettt Year	Yes	N/A
a If y b c d e ort ' Ba b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	12b 12c 12d 	he dat	e of th	e lettt Year	Yes	N/A

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	JOHN CONGLETON
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

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Form 5500-SF	Short Form Annual He	eturn/Heport o Jenefit Plan	i Small E	mpioyee	OMB Nos.	1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					
Department of Labor Employee Bonefite Security Administration	This Form Is Open to Public Inspection					
Pension Benefit Guerenty Corporation	to Public Ins	pection				
Convenientition	rt Identification Information	4.10044				
For calendar plan year 2011 or f		1/2011			12/31/2011	
A This return/report is for: B This return/report is:	X a single-employer plan	a multiple-employ		multiemployer) [_ a one-participant	plan
B This return/report is:	the first return/report X an amended return/report	the final return/re	MC 1854 SEC. 1855	t (less than 12 mor	et la m)	
C Check box if filing under:	X Form 5558	automatic extens	TO CONTRACT OF THE PARTY OF THE	T (ICSS THAIT 12 THOI	DFVC program	
	special extension (enter descrip				_ bi to program	
Part II Basic Plan In	formation - enter all requested info	ormation				•
1a Name of plan			1-11-	1b Three-digit	W-1997A	
CONGLETON LUMBER	CO. INC. PROFIT SH	ARING PLA	N	plan number	(PN)	001
				1c Effective date	1	
					01/1978	
	ess; include room or sulte number (employ	er, if for single-emplo	yer plan)		ntification Number	(EIN)
CONGLETON LUMBER	eo.				163390	
1260 INDUSTRY RD				2c Sponsor's tel (859) 254-		
1200 INDODIKI KD					le (see instructions)	
LEXINGTON	KY 40505			4441		
	and address (If same as plan sponsor,	enter "Same")		3b Administrator		
SAME		o transportation de la company de la compan				
				3c Administrator	's telephone numbe	er
4						
	plan sponsor has changed since the la		ed for this	4b EIN		
a Sponsor's name	d the plan number from the last return	report,		An mu		
a oponsor s name				4c PN		
5a Total number of participants	s at the beginning of the plan year			5a	20	
D Total number of participants	s at the end of the plan year			5b	0	**
 Number of participants with 	account balances as of the end of the	e plan year (defined	±			•
benefit plans do not comple	te this item)			5c	0	
6a Were all of the plan's assets	during the plan year invested in eligib	le assets? (See ins	tructions.)		Yes	No
b Are you claiming a waiver of	the annual examination and report of	an independent qu	alified publ	c accountant		
(IQPA) under 29 CFR 2520.	104-46? (See instructions on waiver eli	igibility and condition	ons.)		X Yes	_ No
Part III Financial Info	ther 6a or 6b, the plan cannot use Fo	orm 5500-SF and	must instea	id use Form 5500.		
7 Plan Assets and Liabilities		Tim	(a) Re	jinning of Year	(b) End of)	/
en 1 1 1 1		7a	(4) 50;	232020	(b) End of Y	0
b Total plan llabilities		7b		202020		
C Net plan assets (subtract lin	e 7b from line 7a)	7c		232020	7.	0
8 Income, Expenses, and Tran	sfers for this Plan Year		(2) Amount	(b) Total	
a Contributions received or re			1			5 6 6°
(1) Employers		8a(1))	—		
(2) Participants		8a(2)			les di Vi	· ·
b Other income (loss)	s)	8a(3)	1		Mg	
), 8a(2), 8a(3), and 8b)	<u>8b</u>	10.11 190.			- <u> </u>
d Benefits paid (including direct ro	ollovers and Insurance premiums to provide	hanefite) Bd	The Carting of	333030	The same of the sa	4. 4
e Certain deemed and/or corre	ective distributions (see Instructions)	benefits) 8d		232020	STATEMENT	1
f Administrative service provide	lers (salaries, fees, commissions)	8e				
g Other expenses		8a			action Assessment	. :::
II Total expenses (add lines 8d	, Se, Sf, and Sg)	Sh.	Contract Contract		description of the second of t	32020
 Net income (loss) (subtract li 	ne 8h from line 8c)	81		i see i S. S. S. S. S. of		32020
I Transfers to (from) the plan (see Instructions)	Bi		The state of the s		
For Paperwork Reduction Act N	otice and OMB Control Numbers, se	e the instructions	for Form 5	500-SF.	Form 5500-	SF (2011)

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Form	5500-SF (2011)		- W	Page	2-		1	
French	Pint Di- Obsession in		,					
_	TIV Plan Characteristics							
98	If the plan provides pension benefits, enter the a	applicable pension feat	ure codes from the List o	f Plan	Chara	cterist	ilo Codes in the ir	nstructions:
	3D							anoway and another
D	If the plan provides welfare benefits, enter the ap	oplicable weltare teatur	e codes from the List of	Plan Cl	naract	eristic	: Codes in the Ins	itructions;
Pai	t V Compliance Questions						***	
10	During the plan year.		110	**	Yes	No	Amor	unt
8	Was there a fallure to transmit to the plan any participa	nt contributions within the	time period described		100	110	, Airio	ui)(
	in 29 CFR 2510.3-102? (See instructions and DQL)			10a	ĺ	x		
b	Were there any nonexempt transactions with any			100			-	***************************************
				10b		x		
C	Was the plan covered by a fidelity bond?			10c	X			75000
ď	Did the plan have a loss, whether or not reimburs	sed by the plan's fidelit	v bond, that	100				7000
	was caused by fraud or dishonesty?	, , , , , , , , , , , , , , , , , , , ,	,	10d		x		
e	Were any fees or commissions paid to any broke	ers, agents, or other per	sons by an insurance	700			1	
	carrier, insurance service or other organization th							
	the plan? (See instructions.)			10e		X	1	
f	Has the plan failed to provide any benefit when o	due under the plan?	•••••••••••••••••••••••	10f		X		
g	Did the plan have any participant loans? (If "Yes,	" enter amount as of v	ear end.)	10g		X		
ĥ	If this is an individual account plan, was there a b	plackout period? (See i	nstructions	.vg				77
	and 29 CFR 2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you	either provided the rec	ulred notice or one	74.1			0654 1	
	of the exceptions to providing the notice applied	under 29 CFR 2520.10	01.3	101		X		plants
Par	VI Pension Funding Compliance			1 144,1			10.130	· · · · · · · · · · · · · · · · · · ·
11	is this a defined benefit plan subject to minimum	funding requirements?	(if "Yes," see Instruction	is and	compl	ete		
			×				Yes	X No
12	is this a defined contribution plan subject to the	minimum tunding requi	rements of section 412 o	f the C	ode o	r		
	section 302 of ERISA? (If "Yes," complete 12a or	12b, 12c, 12d, and 12	e below, as applicable.)				☐ Yes	Mo XX
а	If a walver of the minimum funding standard for a	prior year is being amo	ortized in this plan year, s	see Inst	tructio	ns, ar	nd enter the date	of the letter
	ruling granting the walver.		Month		Day	,		
If y	ou completed line 12a, complete lines 3, 9, and	d 10 of Schedule MB (Form 5500), and skip to	line 1	3.	_		
Ь	Enter the minimum required contribution for this p	plan year			[12b		
C	Enter the amount contributed by the employer to	the plan for this plan v	ear			12c		V
a	Subtract the amount in line 12c from the amount	in line 12b. Enter the re	sult (enter a minus sign	to		_		
	the left of a negative amount)				L	12d	g .	
	will the minimum funding amount reported on line	e 12d be met by the fur	nding deadline?	<u></u>		TY	es No	N/A
	VII Plan Terminations and Transfe				0			
13a	Has a resolution to terminate the plan been adopt	ted in any plan year?				•••••	X Yes	No
	f "Yes," enter the amount of any plan assets that	reverted to the employ	er this year			13a	en de la companya de	0
ь	Were all the plan assets distributed to participant	s or beneficiaries, trans	ferred to another plan, o	r broud	tht			
1	under the control of the PBGC?						Yes	No
U	i during this plan year, any assets or liabilities we	re transferred from this	plan to another plan(s),	Identify	the p	lan(s)	to which assets	or
	iabilities were transferred. (See instructions.)							
18	c(1) Name of plan(s):			1	3c(2)	EIN(s)	130(3) PN(s)
-								
~								
Cauti	on: A penalty for the late or incomplete filing o	f this return/report wi	ll be assessed unless re	aasona	ble ca	ause i	s established.	
ghad b	naities of perjury and other ponaities set forth in the instructions, i y an enrolled account, as well as the electronic version of this return	I declare that I have examined to	this roturn/report, including, if app	plicable, s	Sched	ule SB c	or Schedule MB compli	oted and
	1/1/1/1	The port and to the base of the	Kilowieogo sito dellet, it is true, i	parriet, a	nd comp	oleta.		
SIGN	1 611002	10-11-12	TOTAL CONTER					
IERE	Signature of plan administrator	Date	JOHN CONGLE! Enter name of individua	TOM		nle =	Maria I. I. I	
			Enter Figure of Individual	ar signii	ig as	hiấu 8	aministrator	
SIGN		1 10	1					
	Signature of employer/plan sponsor	Date	Enter name of Individua	il ciant	27.00	amel-		
			Tarita of individua	TI SIĞI III	ने भेर	embio	An or bigu about	sor