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 acco	rdance wit	h the instructions to the Form 5500	O-SF.			
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 11/01/20	11	and ending 1	0/31/2	.012		
Α.	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is: the first return/report	=	eturn/report	Į.		•	
Ь		=	·	(1 \			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	 1		
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter descript	ion)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
	Name of plan			1b	Three-digit		
	-WAY EQUIPMENT CO., INC. PROFIT SHARING PLAN			- 1.0	plan number		
					(PN) ▶	001	
				1c	Effective date of	plan	
					11/01/	1997	
	Plan sponsor's name and address; include room or suite number (employer, it	for a single-employer plan)	2b	Employer Identif	ication Numbe	er
RITE	-WAY EQUIPMENT CO., INC.				(EIN) 61-108	38611	
				2c	Sponsor's telepl	none number	
4705	ROBARDS LN				502-458	3-3261	
	SVILLE, KY 40218			2d	Business code (see instructior	ns)
					53240	0	
	Plan administrator's name and address (if same as plan sponsor,		e")	3b	Administrator's E		
RITE	-WAY EQUIPMENT CO., INC. 4705 ROBA LOUISVILLE		3	_	61-10		
	200101122	_, \(\) \(\)		3C	Administrator's t 502-458		iber
4	If the name and/or EIN of the plan sponsor has changed since the	lact roturn/	roport filed for this plan, optor the	4b		7 320 1	
7	name, EIN, and the plan number from the last return/report.	iasi retuiri/	report filed for trils plant, enter the	40	EIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			13
b	Total number of participants at the end of the plan year			5b			(
			•	30			
С	Number of participants with account balances as of the end of the complete this item)		•	5c			(
6a	Were all of the plan's assets during the plan year invested in eligi				N.	X Yes	No
b	Are you claiming a waiver of the annual examination and report of		,				J
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 550	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	281244		` ,	0)
b	Total plan liabilities						
C	Net plan assets (subtract line 7b from line 7a)		281244			0)
		/0			4.7		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai	
а	(1) Employers	8a(1)					
			2925				
	(3) Others (including rollovers)		CO4.4				
b	Other income (loss)		6214			0.400	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>				9139	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	284258				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	6125				
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					290383	
;	Net income (loss) (subtract line 8h from line 8c)					-281244	
:	, , ,						
J	Transfers to (from) the plan (see instructions)	··· 8j					

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Part IV	Plan	Charac	teristics
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- 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:

0	During the plan year:		Yes	No		Amo	unt	
	Nas there a failure to transmit to the plan any participant contributions within the time period described in	10a		X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					35000
	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				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	f 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						
rt \	/I Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp (5500))						Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
а	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Montion 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			12b				
	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 on the amount)	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes	No	о 🗌	N/A
rt \								
a	Has a resolution to terminate the plan been adopted in any plan year?			X	res I	No		
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol		X	Yes	No
C	f 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.)	e plaı	n(s) to			_	·	
13	c(1) Name of plan(s):		130	c(2) El	N(s)	1	3c(3)	PN(s)
utio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.			
nder	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the completed and signed by an enrolled actuary, as well as the electronic version of this return/return.	rn/rep	ort, in	cludin	g, if applic			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/05/2012	EDWARD PARRISH
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 Benefile Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2011

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Per	nsion Benefit Guaranty Corporation	Complete all entries in acco	rdance with	the instructions to the Form 550	n-se	Ins	pection
Pa	rt I Annual Report Id	entification Information	IMBITOD WILLI	the metactions of the Lann open		THE RESERVE TO SERVE THE S	***************************************
Forc	alendar plan year 2011 or fisc		11	and ending	0/31/20	012	
Ат	his return/report is for:	X a single-employer plan	a multiple-	employer plan (not multiemployer)	Γ	a one-particip	ant plan
ВТ	his return/report is:	the first return/report	the final re	turn/report	٠		
		an amended return/report	=	year return/report (less than 12 m	onths)		
C C	heck box if filing under:	Form 5558	automatic		Γ	DFVC progra	m
U U	neck box it ming under:	<u></u>		EXIGNATOR	L] or you broade	(11
<u> </u>	4 II Dania Dian Inform	special extension (enter descript	-			escusiones de la constitución de	
Par	'I II Basic Pian Inton Name of plan	mation—enter all requested inform	nation		db.	Three-digit	Admin
	vame of plan WAY EQUIPMENT CO., INC.	PROFIT OUADING DI AM		•		i nree-aigit plan number	
MILE-	WAT EQUIPMENT CO., INC.	FROFII SHARING PLAN			1 '	(PN) ►	001
					1c	Effective date o	f plan
		***************************************	************************			11/01/1	997
2a l	Plan sponsor's name and addr	ress; include room or suite number (employer, if	for a single-employer plan)	1		fication Number
1311	THE BOOK MENT OOK HADE					(EIN) 61-108	
					2c :	Sponsor's telep	
	ROBARDS LN				24	502-458	
LOUIS	SVILLE KY 40218				20 I	Business code (53240)	(see Instructions)
3a (Plan administrator's name and	l address (if same as plan sponsor,	antar "Sama	/\	3h	Administrator's	
SAME		r dodiess (ii saine as pian spensor,	CHEST CHILC	,		ranimonator o	Jan 11 1
					3c /	Administrator's	telephone number
		A. A. L. Compton (1)		A A A A A A A A A A A A A A A A A A A		,	
	if the name and/or EIN of the pannumi	plan sponsor has changed since the	e last return/r	eport filed for this plan, enter the	4b	EIN	
	Sponsor's name	aar man tha iaar teluminopon.			4c	PN	
		t the beginning of the plan year			- francisco		13
		t the end of the plan year					0
		count balances as of the end of the			30		
		annument of the star of the star of the			5c		0
		during the plan year Invested in elig					X Yes No
		he annual examination and report o					П., П.,
		(See Instructions on waiver eligibilit					X Yes No
	t III Financial Inform	her 6a or 6b, the plan cannot use	Form \$500-	SF and must instead use Form 5	500.	EIE-A-A-M	SAME SAME TO THE CONTRACT OF T
	Plan Assets and Liabilities	auon		(-1 F2 - 1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		(h) ma	4 +4 V
				(a) Beginning of Year 28124	1	(b) End	of Year
	•	***************************************		FA10A	-		
		76 Care 10 4.1		28124	_		0
		7b from line 7a)	7c		_		
	Income, Expenses, and Trans			(a) Amount		{b}	Total
а	Contributions received or received (1) Employers	eivadie irom:	8a(1)				
	• • •	£11		292	5		
	• •	8)	400000000000000000000000000000000000000			•	
	-			621	4		
	· ·	, 8a(2), 8a(3), and 8b)			<u> </u>		9139
		trollovers and Insurance premiums	1111				
-			8d	28428	8		
е	Certain deemed and/or corre	ctive distributions (see instructions)	8e				
f	Administrative service provide	ers (salaries, fees, commissions)	8f	612	25		
g	Other expenses		8g			٠	
h	Total expenses (add lines 8d,	, 8e, 8f, and 8g)		Abuta de la companya	. A		290383
į	Net income (loss) (subtract Ili	ne 8h from line 8c)	8i				-281244
j.	Transfers to (from) the plan (see instructions)	ål.		糊	Kalin er	Sang Meta Birg rections Myra
		DMB Control Numbers, see the instructions	E	Ellis Den artistas vi estastis a chimina antice destrona escalaristica da	5 Politica Margaria	Astronomy and the state of the	/////Form.5500-SF ₂ (2011).6

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Part IV Plan Characteristics	Dort	IV -	Plan	Characte	arletico
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D

Part 10 a	V Compliance Questions During the plan year:								
					36				
	Was there a failure to transmit to the plan any participant contributions w	iithin tha tima narin	d described in	r	Yes	No	Aì	nount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C Were there any nonexempt transactions with any party-in-interest? (Do r	Correction Program)	10a		×	,		
	on line 10a.)		10b		X				
C	Was the plan covered by a fidelity bond?	***************************************		10c	Х			350	iÒÒ
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	bond, that was ca	used by fraud	10d		×	···	***************************************	
е							**		
f	Has the plan failed to provide any benefit when due under the plan?	yj	************	10f		Х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of ye	er end.)	******	10g		X			
•	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)	nstructions and 29	ĊFR	10h		х	ı	~	
i	If 10h was answered "Yes," check the box if you either provided the requ						on a series of the series of t	URW.PV	***************************************
	exceptions to providing the notice applied under 29 CFR 2520.101-3		*****************	101				a the state of the	
Part	VI Pension Funding Compliance								
11	la this a defined benefit plan subject to minimum funding requirementa?	(If "Yes," see instru	otions and con	nplete	Schec	lule SB	(Form	Yes X	No
12	Is this a defined contribution plan subject to the minimum funding requir							Yes X	No
	(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 amorganting the waiver.	ortized in this plan	Mor	ıth					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.		r	······································			
b	Enter the minimum required contribution for this plan year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12b			
¢	Enter the amount contributed by the employer to the plan for this plan ye					12¢			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)		···		****	12d		,	
e	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?			274/1/1141	.,,,.	Yes	No N	VA.
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	.,-,,				X Y	es No	PT-1	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year	.,		13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							X Yes [No
C	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	ls plan to another p	lan(s), identify	the pla	an(s) to)			
	13c(1) Name of plan(s):	4.7-4000000			13	lo(2) El	N(s)	13c(3) PN	(5)_
				-					
Cau	tion: A penalty for the late or Incomplete filing of this return/report w	/III be assessed u	nless reasona	ble ca	use is	establ	lshed.		
\$B (er penalties of perjury and other penalties set forth in the instructions, I de or Schadule MB completed and signed by an enrolled actuary, as well as of, it is true-porrect, and complete								
BIG	in Beardafaires Trustee 1	25-2012	EDWARD PA	RRISI	4			-0-200	
HEI	Land Maria II	0ate 12-5-2012	Enter name of	indlyi	dual si	aning a	s plan admir	istrator	
SIC		-	Enfan nama af	localle si	duot -1	mnina -	- amplacar	V Nian appea	
4300.95	:	Date	Enter name of	HICIN	Jual Si	gning a:	s embloyei r	v hisu shous	<u>ul</u>
	one fire to the property of the contract of the property of the property of the contract of th							and the second	- 20