### 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

2012

This Form is Open to Public Inspection

. 01.0.0.1	John Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 550	<u>0-SF.</u>		
Part I		dentification Information					
For calend	dar plan year 2012 or fis	cal plan year beginning 01/01	/2012	and ending 1	12/31/20	012	_
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
• • • • • • • • • • • • • • • • • • • •	Sox II IIII I g andon	special extension (enter desc	ப ription)		L		
Part II	Rasic Plan Info	rmation—enter all requested in	•				
1a Name	_	mation—enter an requested in	omation		1b	Three-digit	
	•	(INGTON 401K PROFIT SHARIN	G PLAN & TRUST			plan number	
						(PN) <b>▶</b>	002
					1c	Effective date of	•
0					<u> </u>	04/01/	
	sponsor's name and add D DOOR CORP OF LE	dress; include room or suite numb	er (employer, if for a singl	e-employer plan)		Employer Identif	
						(=114)	
181 TRADE	CTDEET				20 .	Sponsor's teleph 859-254	
	N, KY 40511-2608				2d	Business code (	see instructions)
						81299	,
3a Plan a	administrator's name an	d address X Same as Plan Spons	sor Name Same as Pla	an Sponsor Address	3b /	Administrator's E	EIN
			<u></u>				
					3c /	Administrator's to	telephone number
4 If the	name and/or FIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	FIN	
		nber from the last return/report.	and last rotally roport mod	Tor time plant, orner time	75	LIIV	
<b>a</b> Spons	sor's name				4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		54
<b>b</b> Total	number of participants	at the end of the plan year			5b		52
<b>C</b> Numl	per of participants with a	account balances as of the end of	the plan year (defined ber	nefit plans do not	_		
	,				5c		45
		during the plan year invested in e					X Yes No
		the annual examination and repo (See instructions on waiver eligib					X Yes No
		ther line 6a or line 6b, the plan					
		or incomplete filing of this return					
		er penalties set forth in the instru					able. a Schedule
SB or Sch	edule MB completed an	d signed by an enrolled actuary, a					
belief, it is	true, correct, and comp	lete.					
SIGN	Filed with authorized/v	valid electronic signature.	08/30/2013	KATHY KEATON			
HERE	Signature of plan ac	Aministrator	Date	Enter name of individ	ual ciar	ning as plan adm	ninietrator
	Signature of plan at	anninstrator	Date	Liner hame of marvior	uai siyi	iling as plair auir	IIIIStrator
SIGN HERE							
	Signature of employ		Date	Enter name of individ	1		
Preparers	s name (including firm na	ame, if applicable) and address; ir	iciade room of suite numb	ei (optional)	Prepa	arer's releptione	number (optional)

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Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year			
	Total plan assets	7a	91899				1165744
	Total plan liabilities	7b	0.000				1100111
	Net plan assets (subtract line 7b from line 7a)	7c	91899	00			1165744
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	3574	1			
	(2) Participants	8a(2)	9089	9			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	13097	'1			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					257611
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1064	7			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	21	0			
q	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10857
i	Net income (loss) (subtract line 8h from line 8c)	8i					246754
i	Transfers to (from) the plan (see instructions)	8j					210101
Pai	rt IV Plan Characteristics	o j					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	2E 2G 2J 2K 3H  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
_							
Par	t V   Compliance Questions					1	T
10	During the plan year:				Yes	No	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a	X		77715
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40	X		
	instructions.)			10e		V	3106
T	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X		2593
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	`		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
а	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	ng amortize	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

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	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 of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

#### 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).

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

OMB Nos. 1210-0110 1210-0089

#### 2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information				· · · · · · · · · · · · · · · · · · ·			
		01/2012	and ending		12/31/201	2		
A This ref	turn/report is for:	multiple-employer pl	an (not multiemployer)	) a one-participant plan				
		e final return/report				•		
	an amended return/report a s	short plan year returr	n/report (less than 12 mo	onths)				
C Check	box if filing under: X Form 5558 at	Itomatic extension			DFVC progra	m		
	special extension (enter description)							
Part II	Basic Plan Information—enter all requested information	on						
1a Name	of plan			1b	Three-digit			
OVER	HEAD DOOR CORP OF LEXINGTON 401K				plan number	000		
PROF	IT SHARING PLAN & TRUST				(PN) ▶ Effective date of	002		
					04/01/2001			
<b>2a</b> Plan s	ponsor's name and address; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identif	ication Number		
OVER	HEAD DOOR CORP OF LEXINGTON			(EIN) 61-0603952				
				2c	Sponsor's telepl			
181	TRADE STREET			24	(859) 254-			
	NGTON	KA	40511-2608		812990	see instructions)		
	dministrator's name and address Same as Plan Sponsor Nan		Sponsor Address	3b	Administrator's E	EIN		
			-					
				3C	Administrator's t	elephone number		
	·							
	name and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	EIN			
	, EIN, and the plan number from the last retum/report. or's name			4c	DN			
	or's name number of participants at the beginning of the plan year			5a		54		
_	number of participants at the end of the plan year			5b		52		
	er of participants with account balances as of the end of the pla			35				
	lete this item)			5c		45		
	all of the plan's assets during the plan year invested in eligible a	·	•			X Yes No		
	ou claiming a waiver of the annual examination and report of an · 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes □ No		
	answered "No" to either line 6a or line 6b, the plan cannot	,						
Caution: A	A penalty for the late or incomplete filing of this return/repor	t will be assessed (	unless reasonable cau	ıse is	established.			
Under pen	alties of perjury and other penalties set forth in the instructions, I	declare that I have	examined this return/rep	ort, in	cluding, if applica			
	edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	as the electronic ver	sion of this return/report	, and t	to the best of my	knowledge and		
Delici, It is	true, correct, and complete.		E					
SIGN	TO	8/26/13	Taylor Lyle					
HERE	Signature of plan administrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN	1/7/6/	806/13	Taylor Lyle					
HERE	Signature of employer/plan sponsor	Date (	Enter name of individu	ual sig	ning as employe	r or plan sponsor		
Preparer's	name (including firm page, if applicable) and address; include r	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		
	-							

Pa	rt III Financial Information			····				
7	7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
a	Total plan assets	. 7a		8,99	90		1,165,744	
b	Total plan liabilities	7b					· ···	
С	C Net plan assets (subtract line 7b from line 7a)		91	8,99	90		1,165,744	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:		3	E 7/	1 1			
	(1) Employers	8a(1)		5,74 0,89	2717111	henderdet.		
<del></del>	(2) Participants.	8a(2)	3	0,05	7 7 7			
	(3) Others (including rollovers)	8a(3)	13	130,971				
	Other income (loss)	8b	- LJ	0,91			257,611	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1000		237,011	
	to provide benefits)	8d	1	0,64	17			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0.1				
f	Administrative service providers (salaries, fees, commissions)	8f		21	LU			
<u>g</u>	Other expenses	8g		(a.ā.ivigasa	1886			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			200 500		10,857	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					246,754	
I	Transfers to (from) the plan (see instructions)	8j						
b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3H  If the plan provides welfare benefits, enter the applicable welfare for							
Par	Spanish (September 2017)					1 <u></u>	T	
10	During the plan year:	et	4L 6:	1	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Х		77,715	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	Х		100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	Х		3,106	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		2,593	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	`		10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Parl	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
_11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru	ctions ith	, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

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C	Enter the amount contributed by the employer to the plan for this plan year	12c	<u></u>	
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)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	0
	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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	With	
1	3c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>14b</b> Tı	rust's ElN	