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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in actions and actions are actions.	ccordance with the instru	ictions to the Form 550)0-SF.					
	art I		Identification Information	<u> </u>							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012				
A	This ret	urn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan			
В	This retu	urn/report is:	the first return/report	the final return/report	t						
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım			
			special extension (enter desc	ription)			_				
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation							
	Name					1b	Three-digit				
			OFIT SHARING PLAN				plan number				
							(PN) ▶	002			
						1c	C Effective date of plan 01/01/1994				
2a	Plan sr	onsor's name and add	dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2b	Employer Identif				
		TRIC, INC.	,	(p),			(EIN) 61-09				
						2c	Sponsor's telep	hone number			
		THUR CT.					859-88				
NICH	HOLASV	'ILLE, KY 40356				2d		see instructions)			
							23821	0			
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN			
						30	Administrator's t	elephone number			
							/ tarriir ii strator s t	coophone number			
4	If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN				
		·	mber from the last return/report.								
		or's name				4c	PN				
ъa			at the beginning of the plan year.			5a		25			
b			at the end of the plan year			5b		25			
С			account balances as of the end of		•	5c		25			
6a	Were	all of the plan's assets	s during the plan year invested in e	eligible assets? (See instru	ctions.)			X Yes No			
b			the annual examination and repo								
			? (See instructions on waiver eligib					X Yes No			
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.				
Cau	ıtion: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is	established.				
			her penalties set forth in the instru								
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic ve	ersion of this return/repor	t, and	to the best of my	knowledge and			
	,				-						
SIG		Filed with authorized/	valid electronic signature.	10/01/2013	KATHY KEATON						
HEF	KE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator			
SIG											
HE	RE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sic	ning as employe	r or plan sponsor			
Pre	parer's i		ame, if applicable) and address; ir					number (optional)			

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	'ear	
a	Total plan assets				` '			26516	3	
	Total plan liabilities	7b	0				0			
	Net plan assets (subtract line 7b from line 7a)	7c	106925	1069252			1265163			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	Total		
	Contributions received or receivable from:		(a) runount				(12)	, iota		
	(1) Employers	8a(1)	1106	7						
	(2) Participants	8a(2)	1438	36						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	17103	86						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19648	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57	'8						
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							57	'8
ī	Net income (loss) (subtract line 8h from line 8c)	8i							19591	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	, oj								
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the insti	uction	s:	
b	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 instru	ctions	:	
	1									
Par										
10	During the plan year:	C 20-1	and the Caraman Standard and the Standard	ı	Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					50000
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 cinstructions.)	of the bene	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan					X				
				10f						
<u> </u>		-	•	10g		X				
h	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										
11a	· · · · · · · · · · · · · · · · · · ·	inter the amount from Schedule SB line 39								
12	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 applicable.)									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	e date d	of the lo		ıling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year									

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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):	1 3c(2) E	IN(s)	13c(3) 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

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

, F	Pension B	enefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	pection			
	art I	Annual Report le	dentification Information							
For	calend	lar plan year 2012 or fisc	ai plan year beginning	01/01/2012	and ending	12/31/201	2			
Α	This re	turn/report is for:	a single-employer plan	a multiple-employer r	olan (not multiemployer)	a one-particip	ant plan			
В	This re	turn/report is:	the first return/report	the final return/report						
			an amended return/report	<u></u>	rn/report (less than 12 m	anthai				
_	Charle	box if filing under:	Form 5558	Ħ	THEODOIL (1685 HISH (2 III	· ·				
C	Check	oox it ming under:	Ħ	automatic extension		DFVC progra	m			
		·	special extension (enter descr							
-	art II		mation—enter all requested inf	ormation						
		of plan				1b Three-digit				
	D &	D ELECTRIC, IN	C. 401(K) PROFIT SHA	ARING PLAN		plan number				
					•	(PN) ► 1c Effective date of	002			
						01/01/1994				
2a	Plan s	ponsor's name and add	ress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Employer Identif	·			
	D &	D ELECTRIC, IN	C.	, , , , , , , , , , , , , , , , , , ,		(EIN) 61-099				
						2c Sponsor's telept				
	110	Let an amount of the				(859) 885-				
	TTO.	MACARTHUR CT.				2d Business code (see instructions)			
		OLASVILLE		KÝ	40356	238210	,			
3a	Plan a	dministrator's name and	address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b Administrator's EIN				
						3c Administrator's to	elephone number			
						•				
4	If the r	name and/or EIN of the p	olan sponsor has changed since t	he last return/report filed for	or this plan, enter the	4b EIN				
	name	, EIN, and the plan numi or's name	ber from the last return/report.			Latt 4	*****			
			A Ab a Street Street Street			4c PN				
	Tatal	number of participants at	t the beginning of the plan year		***********************	5a	25			
b	10f8i i	number or participants at	t the end of the plan year	# < 4 * + + + * * * * * * * * * * * * * * *	***************	5b	25			
C	Numb	er of participants with ac ete this item)	count balances as of the end of t	he plan year (defined bene	fit plans do not	5c	25			
6a	Were	all of the plan's assets of	during the plan year invested in el	igible assets? (See instruc	tione \					
b	Are yo	ou claiming a waiver of the	ne annual examination and report	of an independent availfu	فتحدد فسنسسب والطريح أور		X Yes No			
	al labi	AD OFFICE ADECUTOR AND C	Dee instructions on waiver eligibil	lity and conditions \			X Yes No			
	II YOU	quemera No fo effu	ier line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use I	Form 5500.				
Cau	tion: A	penalty for the late or	incomplete filing of this return	report will be assessed	uniess reasonable cau	se is established.				
OHU	er pena	sities of perjury and othe	FDenalties set forth in the instruct	lione I declare that I have	mason malay and titular mass Carro		ble, a Schedule			
		rue, correct, and comple		3 Well as the electronic ver	sion of this return/report,	and to the best of my	cnowledge and			
SIG					AMY S. WALKER					
rien	VE.	Signature of plan adn	ministrator anus Wal	La Date 9/24/13	Enter name of individu	al signing as plan ede	iniatralaa			
SIGI	N				The state of the s	as aighing as plant auth	i iisti ator			
HER	Œ	Signature of employe	r/plan sponsor Anus S. W	alk Date 9/24/12						
Prep	arer's r	name (including firm nam	ne, if applicable) and address; inc	thicker of parties and propher	Enter name of individu	al signing as employer	or plan sponsor			
		,	,	social of spire implication	(opuonai)	Preparer's telephone r	umber (optional)			
							I			
					1		Į.			

Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End			
<u>a</u>	Total plan assets	7a	1,06	9,2	52			1	,26	5,163
<u>b</u>	Total plan liabilities	7b			0			***************************************		0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,06	9,25	52			1	,26	5,163
8	Income, Expenses, and Transfers for this Plan Year	·	(a) Amount	(a) Amount			(b) *	Fotal	······································	
а	Contributions received or receivable from: (1) Employers	8a(1)	1	1,00	57			***************************************		
	(2) Participants	8a(2)	1:	4,38	36	***************************************	·*************************************	Annell Specialist State of	1,000 (1,000)	
	(3) Others (including rollovers)						· · · · · · · · · · ·			
b	Other income (loss)	17	1,03	36						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		*************		***			19	6,489
d	Benefits paid (including direct rollovers and insurance premiums					***************************************	***************************************			***************************************
	to provide benefits)	8d		5	78					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				-			····	
f	Administrative service providers (salaries, fees, commissions)	8f								****
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					*******************************	***		578
	Net income (loss) (subtract line 8h from line 8c)	81		***************************************					19	5,911
<u> </u>	Transfers to (from) the plan (see instructions)	8j								•
	t IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteris	tic Coc	les in	the instruct	ions:	*******	
<u> </u>		 					***************************************			·
-	rrt V Compliance Questions									
10	During the plan year:			·	Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	uciary Con	rection Program)	10a		Х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x				
C	Was the plan covered by a fidelity bond?		YP*\\Y##\$Y################################	10c	Х				5	0,000
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	ier person	s by an insurance carrier							
	instructions.)	*************	**************	10e		Χ				
<u>f</u>	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	and.)	10g		Х				
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	ne required	notice or one of the	10i				Irininja manga	***************************************	***************************************
Part				,,,,,			<u> </u>	***************************************		
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If *	Yes," see instructions and com	plete	Sched	iule SI	B (Form	П	Yes	X No
11a	5500) and line 11a below)									
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)					A	***************************************	
	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							ng		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		***************************************			, ~**A1		***************************************
<u>b</u>	Enter the minimum required contribution for this plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************		,	12b				

	Form 5500-SF 2012 Page 3 -						
Ç	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 min negative amount)	us sign to the left of a	12d				
e	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	1		
	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 of the PBGC?	plan, or brought under the	control		Yes 🕅 No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):		3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)	<u> </u>		······································			
				14b Trust's EIN			