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

2011

This Form is Open to Public Inspection

| | Complete all entries | s in accor | dance with | n the instructions to the Form 550 | 0-SF. | | • | |
|----------|--|------------------------|---------------|---------------------------------------|--------------|-------------------|-----------------------|------|
| P | art I Annual Report Identification Inform | ation | | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning | 01/01/201 | 1 | and ending 1 | 2/31/2 | 2011 | | |
| Α | This return/report is for: | ı . | a multiple | -employer plan (not multiemployer) | | a one-particip | ant plan | |
| | This return/report is: the first return/report | Y | 1 | eturn/report | | ы | | |
| | | <u>^</u> | 1 | · | ontha) | | | |
| | ☐ an amended return/rep | оп | | in year return/report (less than 12 m | ontns) | | | |
| С | Check box if filing under: Form 5558 | | automatic | extension | | DFVC progra | m | |
| | special extension (enter | er description | on) | | | | | |
| Pa | art II Basic Plan Information—enter all reque | sted inform | ation | | | | | |
| | Name of plan | | | | 1b | Three-digit | | |
| | ITING AND LAMP PROFIT SHARING PLAN | | | | | plan number | | |
| | | | | | | (PN) ▶ | 003 | |
| | | | | | 1c | Effective date of | f plan | |
| | | | | | | 10/01 | /1984 | |
| 2a | Plan sponsor's name and address; include room or suite | number (e | employer, if | for a single-employer plan) | 2b | Employer Identif | | oer |
| LIGH | HTING AND LAMP CORPORATION | | | | | (EIN) 63-05 | 13321 | |
| | | | | | 2c | Sponsor's telep | | r |
| 2552 | 2 HWY 31 SOUTH | | | | 205-271-3362 | | | |
| PELI | HAM, AL 35124 | | | | 2d | Business code (| | ons) |
| | | | | | | 42360 | 00 | |
| | Plan administrator's name and address (if same as plan | | | ") | 3b | Administrator's I | | |
| LIGH | | 552 HWY 3 ELHAM, AL | | | 2- | | 13321 | |
| | | , | | | 30 | Administrator's t | elephone nu L-3362 | mber |
| 4 | If the name and/or EIN of the plan sponsor has changed | l since the | last return/i | report filed for this plan, enter the | 4b | | 0002 | |
| • | name, EIN, and the plan number from the last return/re | | iast return, | report med for this plan, enter the | 70 | LIIN | | |
| а | Sponsor's name | | | | 4c | PN | | |
| 5a | Total number of participants at the beginning of the plar | year | | | 5a | | | Ç |
| b | | | | | 5b | | | (|
| C | | | | | 30 | | | |
| C | complete this item) | | | • | 5c | | | (|
| 6a | Were all of the plan's assets during the plan year inves | ted in eligit | ole assets? | (See instructions.) | | | X Yes | No |
| b | , | J | | , | | | | _ |
| - | under 29 CFR 2520.104-46? (See instructions on waive | | | | | | X Yes | No |
| | If you answered "No" to either 6a or 6b, the plan cal | nnot use F | orm 5500- | SF and must instead use Form 55 | 00. | | | |
| Pa | art III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year | |
| а | Total plan assets | | . 7a | 5194 | | | | 0 |
| b | | | | | | | | |
| C | | | | 5194 | | | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | (a) Amount | | (b) T | 'etal | |
| o a | | | | (a) Amount | | (b) T | Uldi | |
| а | (1) Employers | | . 8a(1) | | | | | |
| | (2) Participants | | | | | | | |
| | (3) Others (including rollovers) | | | | | | | |
| L | , , , , , | | | | - | | | |
| b | ` , | | | | | | | |
| C. | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | . 8c | | | | | |
| d | Benefits paid (including direct rollovers and insurance p to provide benefits) | | . 8d | | | | | |
| е | | | | | | | | |
| f | Administrative service providers (salaries, fees, commis | | | | | | | |
| | | , | | | | | | |
| g | • | | | | | | | |
| h : | , , , , | | | | - | | | |
| ! | Net income (loss) (subtract line 8h from line 8c) | | | | | | | |
| J | Transfers to (from) the plan (see instructions) | | · 8j | | | | | |

| Form | 5500. | SF. | 201 |
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| Page 2 - | 1 |
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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

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 | During the plan year: | | Yes | No | Α | mount | | |
| а | 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 | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | | Χ | | | | |
| d | | | | | | | | |
| е | 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 | | X | | | | |
| 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 | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) | | | | | Yes | X No | |
| а | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 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 amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year | | | | | | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | 12b | | | | |
| b | Enter the minimum required contribution for this plan year | | | 120 12c | | | | |
| c d | Enter the amount contributed by the employer to the plan for this plan year | of a | | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | N/A | |
| Part | | | | | | | | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | | XY | es No | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | - | | <u> </u> | | 0 | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | under | the co | | | X Yes | No | |
| С | | | | | | | | |
| 1 | 3c(1) Name of plan(s): | | 13 | c(2) Ell | V(s) | 13c(3) | PN(s) | |
| | | | | | | | | |
| Caut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ıse is | establi | ished. | | | |
| SB o | er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete. | | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 10/25/2013 | RANDALL W. CALHOUN |
|------|---|------------|--|
| 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 |

REFE Signature of employer/plan sponsor

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Enter name of individual signing as employer or plan aponsor

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LIGHTING AND LAMP CORPORATION Page 2-Form 5500-SF 2011 Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, order the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Compliance Questions Part V Amount Yes No During the plan year: 10 Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Connection Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 106 on line 10a.) X 10c Wes the plan covered by a fidelity bond? C Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d Х 10d 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 ĸ 10a x 101 Has the plan failed to provide any benefit when due under the plan? ж 10g Did the plan have any participant loans? (If "Yes," onter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR h X 10h 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 Pension Funding Compliance ls this a defined benefit plan subject to minimum funding requirements? (If "Yee," see Instructions and complete Schedule SB (Form 11 Yea Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 12 (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, and enter the date of the letter ruling Month Day If you completed line 12a, complete lines 3, 9, and 10 of Schedula MB (Form 5500), and skip to line 13. 12b Enter the minimum required contribution for this plan year 12c 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 of a 12d negative amount) N/A No | Will the minimum funding amount reported on fine 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Part VII X Yes No Has a resolution to terminate the plan been adopted in any plan year? 0 135 If "Yes," enter the emount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control X Yes No 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.) 13c(3) PN(s) 13c(2) EIN(a) 13c(1) Name of plan(s): Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established 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 troe, correct, and complete RANDALL W. CALHOUN 10/25/13 son Kandall Enter name of individual signing as plan administrator Signature of plan administrator HERE

Date

LIGHTING & LAMP CORK HILL CO

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Department of Letter Employee Benefits Security Administration

Form 5500-SF Department of the Transury internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 1,04 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210 - 0110 1210 - 0089

This Form is Open to Public Inspection

| Pension Benefil Guaranty Corporation | Complete all entries in ac | cordance with the Instructions to t | he For | m 5500-SF. | | Mahaan-o |
|--|---|---|------------------|---|---------------------------------------|--|
| Appual Basort Ic | entification Information | | | | | <u> </u> |
| For calendar plan year 2011 or fiscal | plan year beginning | ន្ទាល់, <u>មេរាបារា</u> អ្ន | | | | |
| A This return/report is for: | single-employer plan | a multiple-employer plan (not multi | iemplo | yer) | a one-pa | articipant plan |
| My (1110) Letters and Park in the con- | the first return/report | X the final return/report | | | | |
| B This return/report is: | an amended return/report | a short plan year retum/report (les | s than | 12 months) | | |
| C of Linux session under | Form 5558 | automatic extension | | X | DEVC P | todram |
| C Check box if filling under: | special extension (enter descrip | otlon) | | | | |
| Part II Basic Plan Infor | mation—enter all requested in | nformation | | | | ani |
| | | | ٠. | | | Three-digit plan |
| 1a Name of plan | PROFIT SHARING PLA | 701 | | | | number (PN) > 003 |
| might ing min man | 22.2 | | | | JC | Effective date of plan 10/01/1984 |
| | | , | | | 71. | |
| his ansager shearen with the | ress: include room or suite num? | per (employer, if for a single-employer | plan) | | 2b | Employer Identification No. (EIN) 63-0513321 |
| 2a Flan sponsor's name and add | CORPORATION | • | | | 70 | Sponsor's telephone number |
| ,111 111 1111 11111 11111 | | | | | 20 | 205-271-3362 |
| 2552 HWY 31 SOUTH | | | | | ~1 rd | |
| PELHAM | AL 35124 | | | | 2d | Business oxde (see instr.) |
| E Boundary | r | | | | | 423600 |
| | | | | | 3b | Adminiatrator's EIN |
| 3a Plan administrator's name an | d address (if same as plan spons | sor, enter "Same") | | | จูบ | Activities and a cut |
| LIGHTING AND LAMP | CORPORATION | | | | | 63-0513321 |
| | | | | | 3c | Administrator's |
| 2552 WWY 31 SOUTH | | | | | 30 | tejephone number |
| PELHAM | AL 35124 | | | | | delichione war- |
| * *********************************** | | | | | | 205-271-3362 |
| | | | . Ciki | | 4b | EIN |
| 4 If the name and/or EIN of the plan | n sponsor has changed since the lest | return/report filed for this plan, enter the nan | ng, env | 1 | 4c | PN |
| and the alon number from the last | t return/report, a Sponsors name | | | ~, | | 9 |
| En Total number of participants | at the beginning of the plan year. | | , . , | | 5b | 0 |
| | 1 5 1 -1 - 1 4 4 4 | , | | | . | 0 |
| Number of participants with accordance | unt balances as of the and of the plan | year (defined benefit plans do not complete | ((11-11-15-1 | ***** | · · · · · · · · · · · · · · · · · · · | X Yes No |
| | | | | | | — |
| Are you claiming a waiver of | the annual examination and repo | ort of an independent qualified public a | • | | | 🔀 Yes 🗌 No |
| under 29 CFR 2520.104-467 | (See instructions on waiver eig | ibility and conditions.) use Form 5500-SF and must instea | d use | Form 5500. | | |
| If you answered "No" to el | ther 6a or 6b, the plan cannot | dae rom sada - Lorenza | | | | |
| Par III Financial Infor | mation | - | 1843 | (a) Beginning | | |
| 7 Plan Assets and Liabilities | | | 7ei | | 5194 | 0 |
| a Totel plan assots | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7b | | | |
| b Total plan liabilities | - 7h from Bas 7a\ | ., | 7¢ | ,, | 5194 | |
| C Net plan assets (subtract line | optore for this Plan Year | | | (a) Amo | unt | (b) Total |
| 8 Income, Expenses, and Tra- | vainaple (400). | j | | | | and a second |
| a Contributions received or re- | Peladóis II any | | 8a(1) | | | 2000 00 00 000 000 00000000000000000000 |
| (1) Employers | | | 89(2) | | | 1 |
| (2) Participants | s) | ************************ | 8a(3) | | | and the second second |
| & - Chese Income (1099) | | | d8 | 100×014 (Soveroment) | 90/800/04000 | |
| we can no loaded times \$5/9 | 4), 8e/2), 8e(3), and 8b) | | 8c | TO BE SEED ON THE SEED OF THE | tuli in a second | |
| el Danafte agid (including dire | ct rollovers and insurance premi | nws to brovide paugins) " | 8d | | | - and other and |
| A Codelin deemed and/or com | rective distributions (see instructi | ous) | Sc Sf | ļ <u>-</u> - | | |
| Administrative service provi | lders (salaries, fees, commission | 13) | | | | |
| m Mihor eynenses | | | 8 <u>9</u> 8h | i de la companya de | in post | (|
| h Total ownerses (add lines 8 | 3d, 8e, 8f, and 8g) | | Bi | * 0100060431731 | | 7/2 |
| z sie imanama daeel feubligati | Une Sh from line Sc) | | 8j | 200 S. C. S. C. | rescuentianic) | |
| Transfers to (from) the plan For Properwork Reduction Act Notice and | (sea instructions) | Landard From ERIO. SS | (41 | | | Parm 8805-8F (2011) |
| For Paperwork Reduction Act Notice and | OME Control Numbers, ass the instruct | IBIR IBL tothe annuers; | | | | |