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

2013

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ▶ Complete all entries in accord | lance with the instruc | tions to the Form 5500 |)-SF. | | | | | |
|---------------------|---|--|----------------------------|----------------------------|---------|---|---------------------|--|--|--|
| Part I | Annual Report | Identification Information | | | | • | | | | |
| For calend | ar plan year 2013 or fis | scal plan year beginning 01/01/2013 | 3 | and ending 12 | 2/31/2 | 2013 | | | | |
| A This ref | turn/report is for: | X a single-employer plan | a multiple-employer pl | an (not multiemployer) | | a one-partici | pant plan | | | |
| B This ref | turn/report is: | the first return/report | the final return/report | | | | | | | |
| | | | . , | n/report (less than 12 mo | onths) | _ | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension n) | | | DFVC progra | am | | | |
| Part II | Basic Plan Info | rmation—enter all requested informa | ation | | | | | | | |
| 1a Name | | cher an requested informe | auon | | 1h | Three-digit | | | | |
| | · • · | XINGTON 401K PROFIT SHARING PL | AN & TRUST | | | plan number | | | | |
| | | | | | | (PN) ▶ | 002 | | | |
| | | | | | 1c | Effective date of | of plan | | | |
| | | | | | | 04/01 | /2001 | | | |
| 2a Plan s | ponsor's name and add DOOR CORP OF LEX | dress; include room or suite number (er XINGTON | mployer, if for a single- | employer plan) | 2b | 2b Employer Identification Number (EIN) 61-0603952 | | | | |
| | | | | | 2c | Sponsor's telep | | | | |
| 181 TRADE LEXINGTON | STREET N, KY 40511-2608 | | | | 2d | | (see instructions) | | | |
| | | | | | | 8129 | , | | | |
| 3a Plan a | idministrator's name an | nd address XSame as Plan Sponsor N | ame Same as Plan | Sponsor Address | 3b | Administrator's | EIN | | | |
| | | | | | 3с | Administrator's | telephone number | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4 1511 | | | | | | | | | | |
| | | e plan sponsor has changed since the lander from the lander from the last return/report. | ast return/report filed to | or this plan, enter the | 4b | EIN | | | | |
| | or's name | mber from the last return/report. | | | 4c | PN | | | | |
| | | at the beginning of the plan year | | | 5a | | 53 | | | |
| b Total | number of participants | at the end of the plan year | | | 5b | | 48 | | | |
| | | account balances as of the end of the p | | | 5c | | 39 | | | |
| | | during the plan year invested in eligibl | | | | | X Yes No | | | |
| | | the annual examination and report of a | | | | | | | | |
| | | ? (See instructions on waiver eligibility a | | | | | X Yes No | | | |
| - | | ther line 6a or line 6b, the plan canno | | | | | _ | | | |
| C If the | plan is a defined benefi | it plan, is it covered under the PBGC in | surance program (see | ERISA section 4021)? | | Yes No | Not determined | | | |
| Caution: A | A penalty for the late of | or incomplete filing of this return/rep | ort will be assessed | unless reasonable cau | se is | established. | | | | |
| SB or Sche | | ner penalties set forth in the instructions nd signed by an enrolled actuary, as we | | | | | | | | |
| | | | | Ī | | | | | | |
| SIGN HERE | | valid electronic signature. | | | | | | | | |
| | Signature of plan ac | dministrator | Date | Enter name of individu | ıal siç | gning as plan adı | ministrator | | | |
| SIGN HERE | Signature of ample | ver/alon onemor | Data | Futur is also of inclinida | داد اد، | | | | | |
| Prenarer's | Signature of employ | ame, if applicable) and address; include | Date | Enter name of individu | | | e number (optional) | | | |
| 1 Ichaici S | name (moduling milli th | arrie, ii applicable, arru address, liicidd | c room or suite numbe | (οριιοπαι) | ı ıch | Jai ei e ielepiione | mamber (optional) | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

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| Day | t III Financial Information | | | | | | |
|----------|---|--------------|---------------------------------|---------|---------|-----------------|------------------|
| | | | | | | | |
| | an Assets and Liabilities (a) Beginning of Year assets 116574 | | | | + | | (b) End of Year |
| | Total plan assets | . 7a | 110374 | -4 | + | | 1394812 |
| | Total plan liabilities | . 7b | 116574 | 1 | + | | 1394812 |
| | Net plan assets (subtract line 7b from line 7a) | . 7c | | -4 | + | | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 3299 | 6 | | | |
| | (2) Participants | 8a(2) | 9191 | 1 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| b | Other income (loss) | . 8b | 26450 | 6 | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | 389413 |
| | Benefits paid (including direct rollovers and insurance premiums | | | | | | |
| | to provide benefits) | . 8d | 16004 | 0 | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | 30 | 5 | | | |
| g | Other expenses | . 8g | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | 160345 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 229068 |
| j | Transfers to (from) the plan (see instructions) | - 8j | | | | | |
| Par | t IV Plan Characteristics | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3H | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | les from the List of Plan Chara | cterist | ic Cod | les in t | he instructions: |
| Part | V Compliance Questions | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | uciary Cor | rection Program) | 10a | | X | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | • | 10b | | Χ | |
| С | Was the plan covered by a fidelity bond? | | | 10c | X | | 150000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | - | - | 10d | | X | |
| е | | | | | | | |
| | insurance service, or other organization that provides some or all instructions.) | | | 10e | X | | 3816 |
| f | , | | | 10f | | X | |
| g | | | | 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 | he require | d notice or one of the | 10ii | | | |
| Part | | - | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | nents? (If " | Yes " see instructions and com | nlete | Scher | lule SE | R (Form |
| | 5500) and line 11a below) | ······ | | | | | |
| | Enter the unpaid minimum required contribution for current year fr | | , | | | 11a | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ection | 302 of | ERISA? Yes X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | 14 50 10 0 |
| | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | | Mon | | , and e | enter th Day | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | 1 | 40. | 1 |
| h | Enter the minimum required contribution for this plan year | | | | | 12b | i |

| Page | 3 - | | 1 |
|------|-----|--|---|
|------|-----|--|---|

| С | 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? | Y | es 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 coof the PBGC? | ontrol | | 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) to which assets or liabilities were transferred. (See instructions.) |) | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b Tr | ust's EIN | |
| | | | | |
| | | | | |
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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

2013

This Form is Open to Public Inspection

| man-a mana (manasa) | Complete all entries in acco | Taurios Williams | | | | | | | |
|--|--|--------------------------------|--|---|--------------------|--|--|--|--|
| Part I Annual Repor For calendar plan year 2013 or | rt Identification Information fiscal plan year beginning | 01/01/2013 | and ending | 12/31/201 | 13 | | | | |
| | X a single-employer plan | | and chang | | | | | | |
| A This return/report is for: | the first return/report | the final return/report | , , , | a one participant plan | | | | | |
| B This return/report is: | an amended return/report | <u> </u> | rn/report (less than 12 m | months) | | | | | |
| A man a series () | · | automatic extension | Meport (1600 than 12 h | DFVC prograi | nno. | | | | |
| C Check box if filing under: | Form 5558 | | | ☐ DEVO Progra | IIII | | | | |
| | special extension (enter descript | | | | | | | | |
| Harresternand view (1987) | formation—enter all requested inform | nation | | 1b Three-digit | | | | | |
| 1a Name of plan | RP OF LEXINGTON 401K | | | plan number | | | | | |
| PROFIT SHARING P | | | | (PN)) | 002 | | | | |
| | DESCRIPTION OF THE PROPERTY OF | | | 1c Effective date of 04/01/2001 | | | | | |
| 2a Plan sponsor's name and a OVERHEAD DOOR CO | address; include room or suite number (RP OF LEXINGTON | employer, if for a single | -employer plan) | 2b Employer Identif (EIN) 61-060 | | | | | |
| | | | | 2c Sponsor's teleph (859) 254- | | | | | |
| 181 TRADE STREET | | | | 2d Business code (s | (see instructions) | | | | |
| LEXINGTON | - | | 40511-2608 | 812990 | <u>_</u> | | | | |
| 3a Plan administrator's name | and address Same as Plan Sponsor | Name Same as Pla | in Sponsor Address | 3b Administrator's E | EIN | | | | |
| • | | | | 3c Administrator's t | telephone number | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| • | | - Consul Plant | | | | | | | |
| | the plan sponsor has changed since the number from the last return/report. | : last return/report filed f | or this plan, enter the | 4b EIN | | | | | |
| a Sponsor's name | uniber nom the rast return epors. | | | 4c PN | | | | | |
| | nts at the beginning of the plan year | | * *** ***/** *** | 5a | 53 | | | | |
| b Total number of participan | nts at the end of the plan year | ****************************** | * *** *** *** *** *** | | 48 | | | | |
| | th account balances as of the end of the | | | - | 39 | | | | |
| | ets during the plan year invested in elig | | | | X Yes No | | | | |
| b Are you claiming a waiver | of the annual examination and report o | of an independent qualific | ied public accountant (IC | QPA) | — ₩ ٧ □ No | | | | |
| | 46? (See instructions on waiver eligibility either line 6a or line 6b, the plan can | | | | ⊠ Yes ∐ No | | | | |
| | | | | | Not determined | | | | |
| C If the plan is a defined per | nefit plan, is it covered under the PBGC | Insurance program (see | / ERISA Section 402 (): | Yes LINO L | Not determined | | | | |
| Caution: A penalty for the lat | te or incomplete filing of this return/re | eport will be assessed | unless reasonable ca | ause is established. | | | | | |
| Under penalties of perjury and | other penalties set forth in the instruction | ons, I declare that I have | examined this return/re | eport, including, if applic | able, a Schedule | | | | |
| SB or Schedule MB completed belief, it is true, correct, and co | l and signed by an enrolled actuary, as omplete | well as the electronic ver | .'Sion of this returninepo | rt, and to the best of my | ' knowledge and | | | | |
| AALI AMMINISTERIA SAARAHA MARAA MARAAA MARAA MAR | And the second s | WIII Califf | Tarrian Trila | | | | | | |
| SIGN | 76 | 1870/14 | Taylor Lyle | | | | | | |
| SIGN HERE Signature of plan | administrator | 87.0 / 19 | | idual signing as plan adn | ninistrator_ | | | | |
| HERE Signature of plan | administrator S | Date 9/8/14 | | dual signing as plan adr | ninistrator | | | | |
| HERE Signature of plan SIGN | 97/1/2 | 9/8/14 | Enter name of individual Enter name of individual Enter Lyle | | | | | | |
| HERE Signature of plan SIGN HERE Signature of emp | ployer/stan sportsor | 9/8// Y Date | Enter name of individual Taylor Lyle Enter name of individual Enter nam | idual signing as plan adm idual signing as employe Preparer's telephone | er or plan sponsor | | | | |
| HERE Signature of plan SIGN HERE Signature of emp | ployer/stan sportsor | 9/8// Y Date | Enter name of individual Taylor Lyle Enter name of individual Enter nam | idual signing as employe | er or plan sponsor | | | | |
| HERE Signature of plan SIGN HERE Signature of emp | ployer/stan sportsor | 9/8// Y Date | Enter name of individual Taylor Lyle Enter name of individual Enter nam | idual signing as employe | er or plan sponsor | | | | |
| HERE Signature of plan SIGN HERE Signature of emp | ployer/stan sportsor | 9/8// Y Date | Enter name of individual Taylor Lyle Enter name of individual Enter nam | idual signing as employe | er or plan sponsor | | | | |

| Pa | Financial Information | | - N. V. | | | | · · · · · · · · · · · · · · · · · · · | | |
|----------|---|------------|--|---------|---|----------------------------|--|--|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End of Year | | |
| <u> </u> | Total plan assets | 7a | 1,165 | | 4 | | 1,394,812 | | |
| | Total plan liabilities | 7b | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 1,165 | 5,74 | 4 | 1,394,83 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | |
| | Contributions received or receivable from: | | | | 2000 | | | | |
| | (1) Employers | 8a(1) | I | 2,99 | 121314 | | | | |
| | (2) Participants | 8a(2) | 9. | 1,91 | 1 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 111111111111111111111111111111111111111 | | | | |
| <u>b</u> | Other income (loss) | 8b | 264 | 4,50 | 6 | | 200 412 | | |
| ***** | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | \$\$#\$\$\$\$#\$\$\$\$\$\$ | 389,413 | | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 160 | 0,04 | 0 | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | 00000 | | AND AND THE RESIDENCE OF THE PROPERTY OF THE P | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 30 | 5 | | | | |
| <u>g</u> | Other expenses | . 8g | \$\$\tag{\text{2}2 | | | | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 160,345 | | |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | ililili West | | 229,068 | | |
| <u>j</u> | Transfers to (from) the plan (see instructions) | - 8j | | | # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | with the second | | |
| Pa 9a | t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3H | feature co | des from the List of Plan Char | acteris | stic Co | odes in | the instructions: | | |
| b Par | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Plan Chara | cterist | ic Cod | des in t | he instructions: | | |
| 10 | During the plan year: | | | | Yes | No | Amount | | |
| a | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | | Х | | | |
| k | 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 | Χ | | 150,000 | | |
| C | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | * | 10d | | Х | | | |
| e | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | Х | - | 3,816 | | |
| f | Has the plan failed to provide any benefit when due under the pla | ın? | 1277372-1372-1372472-137247 | 10f | | Х | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a | as of year | end.) | 10g | Х | | 2,593 | | |
| ł | 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 | he require | d notice or one of the | 10i | ٠ | | | | |
| Par | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | |
| 118 | Enter the unpaid minimum required contribution for current year f | rom Sched | dule SB (Form 5500) line 39 | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requirem | ents of section 412 of the Code | e 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 being ranting the waiver. | ng amortiz | ed in this plan year, see instru | | , and | enter th Day | ne date of the letter ruling Year | | |
| li | you completed line 12a, complete lines 3, 9, and 10 of Schedul | e MB (Fo | rm 5500), and skip to line 13. | | | | 1 | | |
| | Enter the minimum required contribution for this plan year | | | | | 12b | i | | |

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|------|---|--------------------------------------|-----------|-----------------|--------|-------|----------|
| С. | 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 (negative amount). | enter a minus sign to the left of a | | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding | | | | 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? | | | Ye | s X No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer thi | s year | 1 | 3a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC? | , , | er the co | ntrol | | Yes | s X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.) | n to another plan(s), identify the p | lan(s) to | | | | |
| 1 | 13c(1) Name of plan(s): | | 13c | (2) EIN | (s) | 13c(3 | B) PN(s) |
| | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | |
| 14a | 14a Name of trust | | | 14b Trust's EIN | | | |
| | | | | | | | |
| | | | | | | | |