Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information				
For calenda	r plan year 2014 or	fiscal plan year beginning 01/01/	201 <u>4</u>	and ending	12/31/2014	
A This retu	urn/report is for:	X a single-employer plan	of participating emplo		r) (Filers checking this ordance with the form	box must attach a list instructions)
		a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retui	n/report (less than 12	months)	
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC pro	gram
		special extension (enter des	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	nformation			
1a Name of OVERHEAD		EXINGTON 401K PROFIT SHARII	NG PLAN & TRUST		1b Three-digit plan number (PN) ▶	002
					1c Effective date	
	onsor's name and a	address; include room or suite num	per (employer, if for a single	-employer plan)	2b Employer Ide	entification Number -0603952
181 TRADE S	STREET				2c Sponsor's te	lephone number -254-6606
	KY 40511-2608					de (see instructions)
3a Plan ad	Iministrator's name	and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN
4 If the n	ame and/or FIN of t	he plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
	EIN, and the plan n	umber from the last return/report.	, and last rotally roport mod .	or the plan, onto the	4c PN	
5a Total n	umber of participan	ts at the beginning of the plan year			5a	50
b Total n	umber of participan	ts at the end of the plan year			5b	54
		n account balances as of the end o			5c	41
	,	articipants at the beginning of the p			5d(1)	25
d(2) Tota	al number of active p	participants at the end of the plan ye	ear		5d(2)	30
		terminated employment during the		efits that were	5e	C
Under pena SB or Schee	Ities of perjury and	e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	ictions, I declare that I have	examined this return/	report, including, if app	
SIGN	Filed with authorize	d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of indiv	vidual signing as plan	administrator
SIGN						
HERE		loyer/plan sponsor	Date		vidual signing as empl	oyer or plan sponsor
Preparer's r	name (including firm	name, if applicable) and address (include room or suite numbe	er) (optional)	Preparer's telepho	one number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indepe and condit	ndent qualified public accounta	int (IQ	PA)			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	Not dete	ermined
Par	t III Financial Information		1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	13948	312				1463	3316
	Total plan liabilities	7b	12040	24.2	-			1460	2216
	Net plan assets (subtract line 7b from line 7a)	7c	13948	012				1463	0310
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal	
	(1) Employers	8a(1)	338	357					
	(2) Participants	8a(2)	970	060					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	792	266					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						210)183
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1412	259					
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	4	120					
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						141	1679
i	Net income (loss) (subtract line 8h from line 8c)	8i						68	3504
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charad	cterist	ı		he instructi	ons:	
10	During the plan year:	C 20-2	and an electric and a discount and the		Yes	No		Amount	:
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X			
	on line 10a.)			10b		X			
C	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			
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 ber	efits under the plan? (See	10e		X			
f	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	end.)	10g	X				2593
h	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 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)							Ye	s X No
11a	Enter the unpaid minimum required contribution for current year fr	om 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	or se	ection	302 of	ERISA?	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter th Day		ne letter i Year	ruling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 1	3.		
b	Enter the minimum required contribution for this plan year		12b		
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)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		nt under the contro	1	Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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▶ Complete all entries in accordance with the instructions to the Form 6500-SF.

OMB Nos, 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Repor	rt Identification Informa	ition			
For calend	lar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2014	
A This re	eturn/report is for:	a single-employer plan		yer plan (not multiemployer mployer information in acco	· ·	
		a one-participant plan	a foreign plan			
B This ref	urn/report is	the first return/report	the final return/re	port		
		an amended return/repo	ort a short plan year	return/report (less than 12	months)	
C Check	box if filing under:	X Form 5558	automatic extens	ion	DFVC I	orogram
	·	special extension (enter	description)			
Part II	Basic Plan Inf	formation—enter all reques	fed information			
1a Name OVERHEA	•	LEXINGTON 401K PROFIT SH	ARING PLAN & TRUST		1b Three-digit plan numb (PN) ▶	
					1c Effective of 04/01/200	
	ponsor's name and a DOOR CORP OF L	address; include room or suite EXINGTON	number (employer, if for a si	ngle-employer plan)	2b Employer (EIN) 61-0	ldentification Number 603952
404 TO 455	- المنظمة المنافعة ا				1 '	telephone питber 859) 254-6606
181 TRADE	N, KY 40511-2608				2d Business of 812990	code (see instructions)
		and address XSame as Plan	Sponsor.		3b Administra	itor's EIN
						tor's telephane number
лате		he plan sponsor has changed umber from the last return/repo		led for this plan, enter the	4b EIN	
	· · · · · · · · · · · · · · · · · · ·	ts at the beginning of the plan	vear			50
	, ,	ts at the end of the plan year			·	54
c Numb	er of participants with	n account balances as of the e	nd of the plan year (defined	benefit plans do not	5c	41
•	•	articipants at the beginning of			5d(1)	25
d(2) Tot	al number of active p	articipants at the end of the pla	an year	**********	5d(2)	30
		terminated employment during			5e	0
Caution: A	penalty for the late	or incomplete filing of this	return/report will be asses	sed unless reasonable ca	use is establishe	d,
Under peni SB or Sche	alties of perjury and o	other penalties set forth in the i and signed by an enrolled actu	nstructions, I declare that I h	ave examined this return/re	port, including, if a	pplicable, a Schedule
SIGN	THE	And the state of t	10/8/15	TAYLOR LYLE		
HERE	Signature of plan	administrator	Date	Enter name of individual	fual signing as play	n administrator
An Almonda and an	Aiditarnie di higit	aummanater	Date	mitter nemen ni mani	ader argriffing da bidi	a betanienethi
SIGN HERE			D-1	F.A		.1
		oyer/plan sponsor	Date	Enter name of individual	uai signing as emi	blover or blan sponsor
Proporare	mail paidading firm	name if applicable) and addre	es (include room or suite no	mher \ (antional)	Prenarer's teleni	
Preparer's	name (including firm	name, if applicable) and addre	ss (include room or suite nu	mber) (optional)	Preparer's telepi	none number (optional)

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A d u	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								Yes Yes	
¢ If	the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?	 [Yes	No [Not	deter	mined
Part	III Financial Information				·····					
	Plan Assets and Liabilities	na depois	(a) Beginning of Yea	1			(b) End	of Y	ear	
***************************************	otal plan assets	7a	139481					14	6331	6
	otal plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	139481	2		, , , , , , , , , , , , , , , , , , , ,		14	6331	6
PHILIPPI	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
a c	Contributions received or receivable from: 1) Employers	8a(1)	3385	7	1.77 1.72			l (Ber		7
(2	2) Participants	8a(2)	9706	0						
(3	3) Others (including rollovers)	8a(3)			13	Pay39, 1		Ayn.,		120
b c	Other income (loss)	8b	7926	6		taljak. Tipot			Marie 181	
C T	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			11.15 11.15 11.15			2	10183	3
d B	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	14125	9						
e c	Certain deemed and/or corrective distributions (see instructions)	8e			1352			82. H	- 1 - 2 	ing samp
f A	Administrative service providers (salaries, fees, commissions)	8f	42	0						
go	Other expenses	8g			100					
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			141				4167	9
i N	Net income (loss) (subtract line 8h from line 8c)	81		1413	1.2		n en som en en en en en en en en en	a e de la	6850	4
jT	ransfers 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			** ** *** *** ** ** ** ** ** ** ** ** *		
Part	IV Plan Characteristics						,			.,
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3H	feature co	des from the List of Plan Chan	acteri	stic Co	ides in	the instruc	tions	:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteris	iic Coc	les in t	the instruct	ions:		······································
Part	V Compliance Questions				,					
10	During the plan year:				Yes	No		Ame	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	rection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
C	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?	fidelity bo	nd, that was caused by fraud	10d		Х				
	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		×				
f	Has the plan failed to provide any benefit when due under the plan	n?	V*************************************	10f		Х				
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and.)	10g	Х					2593
h	1 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10h		Х	COLUMN TO ALL			
1	2520.101-3.)			10i			Control of the Contro		100 TS	
Part \										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	tule Si	3 (Form		Yes	X No
	Enter the unpaid minimum required contribution for current year fr				- 1	11a				
	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	X No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	as applic	able.)					he le	ljer m	
a	If a walver of the minimum funding standard for a prior year is being granting the walver.	A GINORIZ	Mon	th	, 2110	Day		Yea		

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lf	you completed line 12a, com	plete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lir	ne 13.		T- T		
b	Enter the minimum required o	ontribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12b			

С	Enter the amount contributed	by the employer to the plan for this plan year	*******	12c			
d	Subtract the amount in line 12	c from the amount in line 12b. Enter the result (enter a minus sign to th	e left of a	12d			W
е	Will the minimum funding amo	ount reported on line 12d be met by the funding deadline?			Yes [No [N/A
Part	VII Plan Termination	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 a	ny plan assets that reverted to the employer this year	, , , , , , , , , , , , , , , , , , , ,	13a			
b		outed to participants or beneficiaries, transferred to another plan, or bro				Yes	X No
C		sets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify the plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) Ell	N(s)	13c(3)	PN(s)
D ₂ H	VIII Trust Information	(optional)				L	,
	Vame of trust	(Optional)		14h Tr	ust's EIN		
i marece i	taine of trust			1712 111	usi s Lin		