Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repor	rt Identification Information	<u> </u>									
For caler	dar plan year 2015 or	fiscal plan year beginning 01/01/2	2015	and ending 12/31/2	015							
A This	eturn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attallist of participating employer information in accordance with the form instruction									
	a one-participant plan a foreign plan											
B This re	eturn/report is											
		an amended return/report a short plan year return/report (less than 12 months)										
C Chec	box if filing under:	X Form 5558	automatic extension		DFVC program							
	T	special extension (enter desc	' '									
Part II		formation—enter all requested in	formation	1								
1a Nam		LEXINGTON 401K PROFIT SHARIN	NG PLAN & TRUST	1b	Three-digit plan number (PN) ▶ 002							
				1c	Effective date of plan							
		oloyer, if for a single-employer plan)	2.5.	2b	04/01/2001 Employer Identification Number							
City		oom, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos EXINGTON		ructions) 2c	(EIN) 61-0603952 Sponsor's telephone number							
JVERNIEA	D DOOK COKE OF E	LAINGTON			859-254-6606 2d Business code (see instructions)							
181 TRAD				24	Za Business odae (see instructions)							
LEXINGTO	N, KY 40511-2608				812990							
3a Plan	administrator's name	and address XSame as Plan Spon	sor.	3b	3b Administrator's EIN							
3c Administrator's telephone numb												
4 If the	name and/or FIN of t	the plan sponsor has changed since	the last return/report filed f	or this plan enter the 4h	EIN							
nam		number from the last return/report.	and last return repetit mean		4c PN							
			a 53									
_		ts at the end of the plan year			b 49							
C Nun	ber of participants wit	efit plans do not	c 38									
	. ,		(1) 30									
			(2) 30									
		at terminated employment during the	. ,	21	e 0							
Caution:	A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable cause is								
SB or Sc		other penalties set forth in the instru and signed by an enrolled actuary, a molete										
SIGN		ed/valid electronic signature.	09/27/2016	TAYLOR LYLE								
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator								
SIGN												

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							A) X Yes					
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	<u></u>	lot dete	ermined		
Par	t III Financial Information		1										
	Plan Assets and Liabilities		(a) Beginning	(a) Beginning of Year					nd of	Year			
	Total plan assets	. 7a		1463	3316	-				1425	5732		
	Total plan liabilities							4.405700					
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-	1463	0310	-		/ -	1425732				
	Contributions received or receivable from:		(a) Amou	ınt				<u>a)</u>) Tot	aı			
	(1) Employers	. 8a(1)		31	382								
	2) Participants	. 8a(2)		97	' 446								
	(3) Others (including rollovers)	. 8a(3)											
	Other income (loss)	. 8b		-16	6481								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								112	2347		
	, ,	. 8d		149	9631								
е (Certain deemed and/or corrective distributions (see instructions)	. 8e											
<u>f</u> ,	Administrative service providers (salaries, fees, commissions)	. 8f			300								
g	Other expenses	. 8g											
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	otal expenses (add lines 8d, 8e, 8f, and 8g)											
	Net income (loss) (subtract line 8h from line 8c)									-37	7584		
	, , , , , , , , , , , , , , , , , , , ,	8j											
	2E 2G 2J 2K 3H												
Part	V Compliance Questions												
10	During the plan year:				Yes	No	N/A		F	Amoun	t		
a 	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction	10a		X							
b				400		v							
						^							
				10c	X						150000		
u				10d		X							
е	carrier, insurance service, or other organization that provides some	ne or all of	the benefits under	10e		X							
f						X							
-											2593		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				Α	X					2000		
i	f 10h was answered "Yes," check the box if you either provided the required notice or one of the												
j	Did the plan trust incur unrelated business taxable income?			10j									
Part	VI Pension Funding Compliance			·									
11	Is this a defined benefit plan subject to minimum funding requirem									Ye	es X No		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)													
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ection :	302 of E	RISA?	, <u></u>	Ye	es X No		

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	•							
а				_	date of t		ing		
lf				Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d				12d					
			П	Yes	No 🗆	N/A			
		· · · · · · · · · · · · · · · · · · ·			100	110	1471		
				☐ Yes X No					
				13a					
granting the waiver.						No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	rust's EII	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
	rianio	of tubics of suctorial					a 11 0		
(If "Yes," complete line 12a or lines 12b, 12b, 12b, 12d, and 12e below, as applicable.) a if a waver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the lotter ruling graining the waver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skig to line 13. b Enter the minimum required contribution for this plan year. c Enter the amount contributed by the employer to the plan for this plan year. 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 12d negative amount). e With the minimum funding amount reported on line 12d be met by the funding deadline? Part VIII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? 13a Yes No In Yes, "enter the amount of any plan assets that reverted to the employer this year. 13a Wave a resolution to terminate the plan been adopted in any plan year or the employer this year. 13a Wave a line plan assets distributed to participants of brendiciants rendered to another plan, or brought under the control Yes No No No No No No No N									
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b				ba ha	ased safe arbor	L-1			
15c	testing	method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iii) and 1.401(k)-2(a)(2)(iiii) and 1.401(k)-2(a)(2)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	U p∈	0					
						No			
17a	Has the	e plan been timely amended for all required tax law changes?	Ye	S	No	N/A			
17b									
17c				t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e		the plai	n's last fav	vorable			
18				Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20				Ye	s	No	N/A		

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

2015

This Form is Open to Public Inspection

	t Identification Information									
For calendar plan year 2015 or	fiscal plan year beginning 01/01/201		and ending 12/3							
A This watermakes and in face	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box mus list of participating employer information in accordance with the form instru								
A This return/report is for:	a one-participant plan	a foreign plan	роует птоппалоп т а	ccordance with the	ioim instructions)					
B This return/report is	the first return/report	the final return/report								
	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	hs)					
C Observations to Other consistency										
C Check box if filing under:	X Form 5558	automatic extension		∐ DFVC p	orogram					
	special extension (enter descri				•••					
	formation—enter all requested inf	ormation		1						
1a Name of plan OVERHEAD DOOR CORP OF L	EXINGTON 401K PROFIT SHARING	G PLAN & TRUST		1b Three-digit plan numbe (PN) ▶	on 002					
				1c Effective da 04/01/2001	te of plan					
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			2b Employer Id (EIN) 61-060	entification Number 03952					
City or town, state or proving OVERHEAD DOOR CORP OF L	nce, country, and ZIP or foreign posta EXINGTON	al code (if foreign, see insti	ructions)	2c Sponsor's telephone number (859) 254-6606						
181 TRADE STREET				2d Business co 812990	de (see instructions)					
LEXINGTON, KY 40511-2608										
3a Plan administrator's name	and address X Same as Plan Spons	or.		3b Administrator's EIN						
				3c Administrato	or's telephone number					
	he plan sponsor has changed since t umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN						
a Sponsor's name				4c PN						
5a Total number of participant	ts at the beginning of the plan year			5a	53					
	is at the end of the plan year				49					
C Number of participants with	n account balances as of the end of t	he plan year (defined bene	efit plans do not	5c	38					
d(1) Total number of active p	articipants at the beginning of the pla	an year		5d(1)	30					
	articipants at the end of the plan yea	-		5d(2)	30					
e Number of participants that	at terminated employment during the	plan year with accrued be	nefits that were less	5e	0					
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable car							
	other penalties set forth in the instruc and signed by an enrolled actuary, as molete									
SIGN		9/20/16	TAYLOR LYLE	A//						
HERE	- Justinia Augusta	D-1-	Cutay yanna af in divide		- dualistates					
Signature of plan	acministrator	Date	Enter name of individ	malegring as plan	aummsuator					
SIGN HERE Clauseting of count			1700	January 1						
Signature of empi	loyer/plan sponsor	Date	Enter name et individ							
Preparers name (including firm	name, if applicable) and address (in	clude room or suite numbe	er)	Preparer's teleph	one number					
			,							

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b A u li	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of Inder 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and conditi not use For	dent qualified public acons.) ons.) rm 5500-SF and must	ccounta instea	ant (IQ d ud use	PA) Form	5500.	•••••		Yes No
	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pi	rogram (see ERISA se	ction 4	021)? .	🗌	Yes [_No [Not de	etermined
Part	Financial Information					т				
7 F	Plan Assets and Liabilities		(a) Beginning					(b) End	of Yea 1425	
	otal plan assets	. 7a		146331	0	-			1420	11 32
	otal plan liabilities	. 7b		146331	6	-			1425	732
	let plan assets (subtract line 7b from line 7a)	. 7с			0	-		/E\ 7		7.02
	ncome, Expenses, and Transfers for this Plan Year	2000	(a) Amou	nt				(b) T	Otal	
	Contributions received or receivable from: 1) Employers	. 8a(1)		3138	2					
(2) Participants	. 8a(2)		9744	16	7,157 15,150				
(3) Others (including rollovers)	. 8a(3)				1				
b	Other income (loss)	. 8b		-1648	31					
C T	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			· · · · · · · · · · · · · · · · · · ·				112	347
	Benefits paid (including direct rollovers and insurance premiums	04		14963	31					
*****	o provide benefits)	. 8d		.,,		222				
	Certain deemed and/or corrective distributions (see instructions)	. 8e . 8f		30)0					
	Administrative service providers (salaries, fees, commissions)									
	Other expenses					1000 1000 1000 1000			149	9931
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)								-37	7584
	Net income (loss) (subtract line 8h from line 8c)				2000	0000				
		· 8j				1		Talliaga Levep	*************	
Part 9a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in t	he instru	ctions:	
Ja	2E 2G 2J 2K 3H	, loutero oo	200 110111 1110 2101 01 1 1							
В	If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Plar	n Chara	acterist	tic Cod	les in th	e instruc	ions:	
Part	V Compliance Questions				T	r				
10	During the plan year:		1. 1. 1		Yes	No	N/A		Amo	unt
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	Voluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not l	include transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х		100 1 250 NO 1 250 NO 1 1 3 N			150000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther person me or all of	s by an insurance the benefits under	10e		х		,		
f				10f		Х				
	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х		3833			2593
<u>g</u> h				109			100 mm			
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided to			10h		Х				
	exceptions to providing the notice applied under 29 CFR 2520.10	01-3	***************************************	10i	<u> </u>			2		
j_	Did the plan trust incur unrelated business taxable income?			10j		<u>L</u>				
Part									T	
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)					•••••		(Form		Yes X No
11a	Enter the unpaid minimum required contribution for all years from									
12	Is this a defined contribution plan subject to the minimum funding	g requireme	ents of section 412 of t	he Cod	le or se	ection	302 of E	ERISA?	.	Yes X No

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(If "Yes," complete line 12a or lines 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, a granting the waiver. Month	and enter the Day	e date of th	ne letter rul Year	ling ———	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	1401	1			
b Enter the minimum required contribution for this plan year	i i				
C 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		1		
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		
If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to the PBGC?			Yes X	No	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to				
13c(1) Name of plan(s): 13	c(2) EIN(s)		13c(3) F	PN(s)	
Part VIII Trust Information					
Part VIII Trust Information 14a Name of trust	14b	Trust's EIN	1		
14a Name of Bust					
14c Name of trustee or custodian	14d	14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?	[] Ye	es	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employe matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	r D b	esign- ased safe arbor aethod	ADP/ACP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?			No		
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	P	Ratio percentage test		Average benefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Y	es 	No		
17a Has the plan been timely amended for all required tax law changes?	Y	es	No	□ N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter for tax law changes and codes).	the applicat	ole code	(See ir	nstruction	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is s advisory letter, enter the date of that favorable letter and the letter's serial number		<u> </u>		or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the dedetermination letter		ın's last fa	vorable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has beer made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	¹	:S	No		
19 Were in-service distributions made during the plan year?		es	No		
If "Yes," enter amount	19				
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?		es 	No	N/A	