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

	<u> </u>	Complete all entries in a	ccordance with the instri	ictions to the Form 550	0-SF.			
Part		Identification Information	1					
For cal	endar plan year 2012 or fi	scal plan year beginning 10/01	/2012	and ending 1	12/31/2	2012		
A Thi	s return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan		
B Thi	s return/report is:	x the first return/report	the final return/repor	t				
		an amended return/report	x a short plan year retu	rn/report (less than 12 m	onths)			
C Che	eck box if filing under:	X Form 5558	automatic extension			DFVC program		
		special extension (enter desc	cription)					
Part	II Basic Plan Info	ormation—enter all requested in	formation					
1a Na	me of plan				1b	Three-digit		
WALTER	R MARTIN EXCAVATING	RETIREMENT PLAN				plan number		
					4 -	(PN) 001		
					1C	Effective date of plan 10/01/2012		
2a Pla	an sponsor's name and ac	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identification Number		
WALTE	R MARTIN EXCAVATING	, INC.				(EIN) 20-3984775		
					2c	Sponsor's telephone number		
	HWAY 1383 LL SPRINGS, KY 42642					859-368-0380		
KUSSEI	L 3PKING3, KT 42042				2d	Business code (see instructions) 238900		
3a Pla	an administrator's name a	nd address XSame as Plan Spon	sor Name Same as Pla	an Sponsor Address	3b	Administrator's EIN		
		ь .	—					
					3с	Administrator's telephone number		
4 If	he name and/or EIN of th	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	FIN		
		mber from the last return/report.		,				
a Sp	onsor's name				4c	PN		
5a ⊤o	otal number of participants	at the beginning of the plan year.			5a	0		
b To	otal number of participants	at the end of the plan year			5b	14		
		account balances as of the end of			5c	14		
	,	s during the plan year invested in						
	•	f the annual examination and repo	•	•				
ur	nder 29 CFR 2520.104-46	? (See instructions on waiver eligil	bility and conditions.)					
lf	you answered "No" to e	ither line 6a or line 6b, the plan	cannot use Form 5500-SI	F and must instead use	Form	5500.		
Cautio	n: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau	use is	established.		
		ther penalties set forth in the instru						
	schedule MB completed a t is true, correct, and com	nd signed by an enrolled actuary, plete.	as well as the electronic ve	ersion of this return/repor	t, and t	to the best of my knowledge and		
	, ,	•						
SIGN	Filed with authorized	/valid electronic signature.	10/01/2013	KATHY KEATON				
HEKE	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					ning as plan administrator		
SIGN								
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employer or plan sponsor		
Prepar	er's name (including firm r	name, if applicable) and address; i	nclude room or suite numb	er (optional)	Prep	arer's telephone number (optional)		

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
a	Total plan assets	7a	(, = 199 0100	-			15953	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		0			15953	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from:		(1)				(2)	
	(1) Employers	8a(1)	1595	3				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					15953	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
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					0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					15953	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Cod	es in t	he instructions:	
_								
	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	a 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 on line 10a.)			10b		X		
C	Was the plan covered by a fidelity bond?			10c		Χ		
C	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 cinstructions.)			10e		X		
f				10f		Χ		
				10g		Χ		
h				iug				
i	2520.101-3.)			10h		Х		
	exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
Par	t VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
_	1a Enter the amount from Schedule SB line 39							
118	Enter the amount from Schedule SB line 39					11a	<u> </u>	
11a	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No	
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	requireme	ents of section 412 of the Code able.)	or se	ction 3	302 of		
12	Is this a defined contribution plan subject to the minimum funding	requireme , as applicates ng amortiz	ents of section 412 of the Code able.) ed in this plan year, see instruc	or se	ction 3	302 of		
12 a	Is this a defined contribution plan subject to the minimum funding (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	requireme , as applicang amortiz	ents of section 412 of the Code able.) ed in this plan year, see instruc Mon	or se	ction 3	302 of enter th	ne date of the letter ruling	

	Form 5500-SF 2012 Page 3 - 1			
	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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee			2012		
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 197 the Internal Re	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a the Internal Revenue Code (the Code).			
Pension Benefit Guaranty Corporation	Complete all entries in accordance	e with the instructi	ons to the Form 5500-5F.		
Part Annual Report or calendar plan year 2012 or	t Identification Information	01/2012	and ending	12/31/2012	
			n (nat multiemployer)	a one-participant plan	
This return/report is for:		final return/report		herend .	
3 This return/report is:	Fall man man and an		report (less than 12 months)		
· · · · · · · · · · · · · · · · · · ·		tomatic extension		DFVC program	
C Check box if filing under:	☐ special extension (enter description)	ediffication over the second		lund .	
	formation—enter all requested information	n			
	Official requested mornano	I E	1b	Three-digit	
1a Name of plan	CAVATING RETIREMENT PLAN			plan number	
WALTER MARIIN EA	CERVER ASSOCIATION		4.5	(PN) ▶ 001	
	•		16	Effective date of plan 10/01/2012	
5 m Ph	address; include room or suite number (emp	lover if for a single-e	molover plan) 2h	Employer Identification Number	
Za Plan sponsors name and WALTER MARTIN EX		oyer, a for a sangle o	inglicy of prolify	(EIN) 20-3984775	
MATHER GRANTING TH	Control of the contro		2c	Sponsor's telephone number	
				(859) 368-0380	
698 HIGHWAY 1383	•			Business code (see instructions)	
RUSSELL SPRINGS			42642	238900 Administrator's ElN	
3a Plan administrator's name	and address XSame as Plan Sponsor Nan	ne Usame as Plan	Sponsor Address 3b	Matarias ator 5 Lin	
4 If the name and/or EIN of	the plan sponsor has changed since the last number from the last return/report.	t return/report filed fo	r this plan, enter the 4b	EIN	
a Sponsor's name				PN	
	nts at the beginning of the plan year				
	nts at the end of the plan year			<u> </u>	
complete this item)	ith account balances as of the end of the pla		3c		
6a Were all of the plan's as	sets during the plan year invested in eligible	assets? (See instruct	tions.)	X Yes] No	
b Are you claiming a waive	r of the annual examination and report of an 46? (See instructions on waiver eligibility an	independent qualifie d conditions)	d public accountant (IQPA)	X Yes No	
under 29 CFR 2520,104 If you answered "No" t	o either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use For		
	te or incomplete filing of this return/repo				
it is a second and the second	other penalties set forth in the instructions, d and signed by an enrolled actuary, as well	I declare that I have i	examined this return/report.	including, if applicable, a Schedule	
belief, it is true, correct, and c	omplete.				
SIGN XZAXT	// 1		SCOTT ADAMS		
		Date /0-1-13	<u> </u>	Igning as plan administrator	
Signature or pre	n administrator	Date 7 - 7 - 3	SCOTT ADAMS	A CONTRACTOR OF THE PROPERTY O	
SIGN TOTAL	4	Date 10 to 1-2 7		igning as employer or plan sponsor	
I Sirinatina of Bit	ployer/plan sponsor m name, if applicable) and address; include	Date 10 -1-13	r (optional) Pre	aparer's telephone number (optional)	
rreparers name (including m	HI HERMA, II APPRICADIO) BITH ECOTODOS HICIDAD	STATE OF STATES STATES	. (-)	• • • • • • • • • • • • • • • • • • • •	
en e			illian de la companya		
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OMB Nos, 1210-0110 1210-0089

Part III Financial Information							
7 Plan Assets and Liabilities	enting to the	(a) Beginning of Yea	r			(b) End of Year	
a Total plan assets	7a						15,953
b Total plan liabilities	7b						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
C Net plan assets (subtract line 7b from line 7a)	7c			<u> </u>			15,953
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		<u> </u>		(b) Total	
a Contributions received or receivable from:		2.5	95				
(1) Employers	8a(1)		7,70.	٧			
(2) Participants	8a(2)					aliagolia de la competitorio de la 2000 de la competitorio della competitorio de la competitorio della compe	2000
(3) Others (including rollovers)	8a(3)		****************				
b Other income (loss)	. 8b	Vancanalism (accept) a recognis	nasania.	1,200			15,953
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u> 8c</u>		••••	-		Serie de la companie	TOLA LONG
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. <u>8</u> d			_			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	giga — Nacidigalasii Alban — Koro	
f Administrative service providers (salaries, fees, commissions)	. 8f		*******				
g Other expenses	. 8g				1230. 1230.	and the second second	Para en per
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	leg Gruppis Seller 1955 Aug		4			0
i Net income (loss) (subtract line 8h from line 8c)	. 8i						15,953
J Transfers to (from) the plan (see instructions)	· 8j			10000	eperal in		
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature co	les from the List of Plan Chara	cterist	c Cod	les in t	he instructions:	
10 During the plan year:			T	Yes	No	Amour	ıt
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fic	utions with	in the time period described in rection Program)	10a		Х	Maria Ma	: :
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	st? (Do not	include transactions reported	10b		Х		
C Was the plan covered by a fidelity bond?		<	10c		X		
d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?			10d		Х		
Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X		
f Has the plan failed to provide any benefit when due under the pl	an?	F C C F F T T E E E E E E E E E E E E E E E E	10f		X		
g Did the plan have any participant loans? (if "Yes," enter amount	as of year	end.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		Militaria 2008: Edita
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i				
Part VI Pension Funding Compliance			. ,				
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)							′es ⊠ No
11a Enter the amount from Schedule SB line 39	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************		,,,,,	11a		***************************************
12 Is this a defined contribution plan subject to the minimum funding	g requiren	ents of section 412 of the Code	or se	ction	302 of	ERISA? Y	es 🛚 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	,						Markon polygonia a maran da 1444 250 450 450
If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amorti	zed in this plan year, see instru Mor	ıth	, and	ent e r ti Day	ne date of the lette Year	r ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedu					-		
b Enter the minimum required contribution for this plan year		· / A.L. ~ V. ~ V. A.L. ~		<u>L</u>	12b	<u> </u>	

e ee .e. como ee ee	Form 5500-SF 2012	Page 3 -	anggan and defended and designed the large				
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	tofa	12d			
e		e 12d be met by the funding deadline?			Yes	No [NA
Part	TO BUILDING TO THE TOTAL TO THE						***************************************
AND DESCRIPTIONS		in any pian year?		Y	′es ∑No)	
***************************************	If "Yes," enter the amount of any plan assets tha	at reverted to the employer this year	*************	13a			
b		ts or beneficiaries, transferred to another plan, or brough				∏ Yes 🏻	No.
C	If during this plan year, any assets or liabilities w which assets or liabilities were transferred. (See	vere transferred from this plan to another plan(s), identify instructions.)	the plan(s)	to	District of the State of the St		
4	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) F	N(s)
344 (1444 1444 1444 1444 1444 1444 1444							
Part	VIII Trust Information (optional)						
************	Name of trust			14b ⊤	rust's EIN		
			tagicias premiera efficiente				