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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II Three-digit 1a Name of plan IRA WOOD & SONS, INC. 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number IRA WOOD & SONS, INC. 61-0872593 (EIN) Sponsor's telephone number 270-683-1233 3021 HARBOR ROAD OWENSBORO, KY 42301 Business code (see instructions) 423700 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a 20 **b** Total number of participants at the end of the plan year..... 5_b 11 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 10 complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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. 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 true, correct, and complete. Filed with authorized/valid electronic signature. 10/14/2013 **COURTNEY WILSON** SIGN **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 Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

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Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year					
a	Total plan assets	7a	402668			304350				
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	40266	402668			304350			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
	Contributions received or receivable from:		(2) 1 222 222				.,			
	(1) Employers	8a(1)	2208	0						
	(2) Participants	8a(2)	3125	53						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4462	23						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				97956				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19627	'4						
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						19627	4	
	Net income (loss) (subtract line 8h from line 8c)	8i				-98318				
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, oj								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Codes	in the ins	struction	s:		
b	 ZE 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 									
Don	V Commission of Occasions									
Part	•			1	V N	1				
10	During the plan year:	4:			Yes No	<u> </u>	Am	ount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	rection Program)	10a	Х						
		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?			10c	X					
d	"	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X					
f	·			10f	Х	1				
	Has the plan failed to provide any benefit when due under the plan?									
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g	Х					
h —	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Х					
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									
Part 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 5500) and line 11a below)										
11a					11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(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 beir granting the waiver.		Mon		_	the date	of the le		ling	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year				12k	·				

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	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):	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	entries in accordance with the	instructions to the	Form 5500-SF.	to Public I	nspection				
Part I Annual Report Identification I									
For calendar plan year 2012 or fiscal plan year begi		and	lending 1:	2/31/201	12				
A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
B This return/report is: the first retu									
	d return/report a short plan	year return/report (ess than 12 month	ns)					
C Check box if filing under:	automatic ex	xtension		DFVC progran	n				
	ension (enter description)								
Part II Basic Plan Information - enter	all requested information								
1a Name of plan	b Three-digit	20.0							
IRA WOOD & SONS, INC. 401	_	plan number (F		001					
	1	1c Effective date of plan							
20 51	W - A - K - V - 124 - V			1/2005					
2a Plan sponsor's name and address; include room or s	uite number (employer, if for single-e	mployer plan) 2	b Employer Ident		er (EIN)				
IRA WOOD & SONS, INC.		0	61-0872593 2c Sponsor's telephone number						
2021 HARROR ROAD									
3021 HARBOR ROAD			(270) 683-1233						
OMENCHORO	12201	2	2d Business code (see instructions)						
	42301	2	42370						
3a Plan administrator's name and address 🗓 🛚 🛭 🖼	ame as Plan Sponsor Name 🗵 Same as Pl	an Sponsor Address	3b Administrator's EIN						
		3	3c Administrator's telephone number						
		3	Administrators	telephone nu	mber				
4 If the name and/or EIN of the plan sponsor has	changed since the last return/rep	ort filed for this 4	b EIN						
plan, enter the name, EIN, and the plan number		ore mod for tino	LIIV						
a Sponsor's name		4	C PN						
			- 1.1.						
5a Total number of participants at the beginning	of the plan year	5	а	20					
b Total number of participants at the end of the			b	11					
C Number of participants with account balances									
benefit plans do not complete this item)		5	С	10					
6a Were all of the plan's assets during the plan ye	ear invested in eligible assets? (S	ee instructions.)		X Ye	es No				
b Are you claiming a waiver of the annual examin	nation and report of an independ	ent qualified public	accountant	_					
(IQPA) under 29 CFR 2520.104-46? (See instru	uctions on waiver eligibility and c	onditions.)		X Ye	es No				
If you answered "No" to either line 6a or line	e 6b, the plan cannot use Form	5500-SF and must	instead use Forn	n 5500.					
Caution: A penalty for the late or incomplete fili									
Under penalties of perjury and other penalties set for	orth in the instructions, I declare	that I have examine	d this return/repor	t, including, if	applicable, a				
Schedule SB or Schedule MB completed and signer my knowledge and belief, it is true, correct, and correct.	ed by an enrolled actuary, as well molete.	as the electronic ve	ersion of this return	/report, and to	the best of				
				<u> </u>					
SIGN PRINTING WILLIAM	1 10/m/13 cc								
HERE Signature of plan administrator	1 1 1 1 1 1 1	OURTNEY WITH		dministrator					
Signature of plan administrator	Date	er name of marvidu	ai signing as plan a	laministrator					
SIGN									
HERE Signature of employer/plan sponsor	Date Ent	er name of individua	al signing as emplo	over or plan en	ongor				
Preparer's name (including firm name, if applicable	e) and address, include room or s	uite number (option	al) Preparer's tele	phone numbe	er (optional)				
				To a serious					
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					100 P 100 F				

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Page	2-

Pa	rt III Financial Information										
7	Plan Assets and Liabilities			(a) Begii	Beginning of Year			(b) End of Year			
а	Total plan assets		7a		402668					04350	
b	Total plan liabilities		7b								
C	Net plan assets (subtract line 7b from line 7a	a)	7c		402668			30435			
8	Income, Expenses, and Transfers for this Pla	an Year		(a)	Amou	unt			(b) Total		
a	Contributions received or receivable from:										
	(1) Employers		8a(1)			220	80				
	(2) Participants		8a(2)			312	53				
	(3) Others (including rollovers)		8a(3)								
b	Other income (loss) SEE	STATEMENT 1	8b		44623						
_	Total income (add lines 8a(1), 8a(2), 8a(3), ar		8c					97956			
d	Benefits paid (including direct rollovers and	nsurance premiums to provide									
	benefits)		8d		1	962	74	STAT	EMENT	2	
е	Certain deemed and/or corrective distribution	ns (see instructions)	8e								
10	Administrative service providers (salaries, fe		8f								
	Other expenses		8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g		8h	STOR TO L			94-94	196274			
	Net income (loss) (subtract line 8h from line		8i						_	98318	
	Transfers to (from) the plan (see instructions)	8j								
	rt IV Plan Characteristics										
9a		r the applicable pension feature c	odes fron	n the List o	f Plan	Chara	cterist	ic Codes	in the inst	ructions:	
	2E 2G 2J 2K 2T 3D			- 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10	0.00		-				
b	If the plan provides welfare benefits, enter	the applicable welfare feature co	des from	the List of F	Plan C	haract	teristic	Codes in	the instru	ictions:	
Do	rt V Compliance Questions										
10						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
-	During the plan year: Was there a failure to transmit to the plan any pa	rticipant contributions within the time	nariad dan	oribad		Yes	No		Amount		
a					40		v				
h	in 29 CFR 2510.3-102? (See instructions and Were there any nonexempt transactions wi			ram.)	10a		X				
D	the control of the co				401-		х				
	Was the plan covered by a fidelity bond?				10b		X				
_	Did the plan have a loss, whether or not rei	mbursed by the plan's fidelity bon			100						
-	was caused by fraud or dishonesty?				10d		x				
e	Were any fees or commissions paid to any				100		22				
	carrier, insurance service or other organization										
					10e		Х				
f	Has the plan failed to provide any benefit w				10f		X				
	Did the plan have any participant loans? (If				10g		X				
-	If this is an individual account plan, was the										
	and 29 CFR 2520.101-3.)				10h		Х				
i	If 10h was answered "Yes," check the box										
	of the exceptions to providing the notice ap	plied under 29 CFR 2520.101-3			10i		Х				
Pa	rt VI Pension Funding Complia	nce									
11	Is this a defined benefit plan subject to min	imum funding requirements? (If ")	es," see	instruction	s and	compl	ete				
	Schedule SB (Form 5500) and line 11a beld	w)	*********						Yes	X No	
11a	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the	minimum funding requirements of sec	tion 412 of	f the Code or	sectio	n 302 c	of ERIS	4?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12								- 1		
a	If a waiver of the minimum funding standar	for a prior year is being amortize	d in this p	olan year, s	ee ins	tructio	ns, an	d enter th	ne date of	the letter	
	ruling granting the waiver.		N	1onth		Day	/		Year		
If	you completed line 12a, complete lines 3,	9, and 10 of Schedule MB (Form	5500), a	nd skip to	line 1	13.					
b	Enter the minimum required contribution fo	this plan year					12b				