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

2012

This Form is Open to Public Inspection

			Complete all entries in actions and actions are actions.	cordance with the instru	ictions to the Form 550)0-SF.				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012			
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	ant plan		
В	This retu	urn/report is:	the first return/report	the final return/report	t					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m		
			special extension (enter desc	ription)						
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation						
1a	Name o	of plan				1b	Three-digit			
WOC	DFORE	EXCAVATION & TRA	ANSPORT INCORPORATED 401	() RETIREMENT SAVING	SS PLAN		plan number			
						<u> </u>	(PN) •	001		
						1c Effective date of plan 01/01/2010				
2a	Plan sr	onsor's name and add	dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2h	Employer Identif			
WOO	ODFOR	DEXCAVATION & TR	ANSPORT, INCORPORATED	(py ,g			(EIN) 61-097			
						2c	Sponsor's telepl	none number		
		IG DRIVE					859-873			
VER	SAILLES	S, KY 40383				2d	Business code (see instructions)		
							23890			
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's E	EIN		
						30	Administrator's t	elephone number		
							Administrator 5 t	ciopnone number		
4	If the n	ame and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN			
_			mber from the last return/report.			4-				
		or's name	at the headerstand the also come			4c	PN			
			at the beginning of the plan year.			5a		22		
b			at the end of the plan year			5b		27		
С		• •	account balances as of the end of		•	5c		14		
6a	Were	all of the plan's assets	s during the plan year invested in	eligible assets? (See instru	ctions.)			X Yes No		
b	Are yo	u claiming a waiver of	the annual examination and repo	rt of an independent qualif	ied public accountant (IC	PA)				
			? (See instructions on waiver eligib					X Yes No		
			ther line 6a or line 6b, the plan							
			or incomplete filing of this retur							
			ner penalties set forth in the instru nd signed by an enrolled actuary, a							
		rue, correct, and comp		as well as the electronic ve	rision or this return/repor	ı, anu i	to the best of my	knowledge and		
	·			4	T					
SIG		Filed with authorized/	valid electronic signature.	10/15/2013	KATHY KEATON					
HEI	KE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ıning as plan adm	ninistrator		
SIG										
HERE Signature of employer/plan sponsor Date Enter name of individual signin						ning as employe	r or plan sponsor			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					er (optional)	Prep	arer's telephone	number (optional)		

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Par	t III Financial Information					—					
	Plan Assets and Liabilities		(a) Beginning of Yea	ar		_	(b) E	nd of `	/ear		
	Total plan assets	7a	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	67675			(b) End of Year 84917				
	Total plan liabilities	7b							0.0		
	Net plan assets (subtract line 7b from line 7a)	7c	6767	' 5			84917				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	70) Tota			
	Contributions received or receivable from:		(a) Amount) TOLA	<u>'</u>		
	(1) Employers	8a(1)	1109	2							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	841	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1951	1	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	224	4							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	2	25							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							226	69	
	Net income (loss) (subtract line 8h from line 8c)	8i							1724	42	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	٠,									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Codes	s in	the ins	truction	ıs:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Codes	in th	ne instr	uctions	:		
Don	V Campliana Ovations										
Part	•			1							
10	During the plan year:	4: · · · · i 4 - :			Yes N	lo		An	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)	ıciary Corı	rection Program)	10a	×	(
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		<					
С	Was the plan covered by a fidelity bond?			10c	×	(l				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d	×	(·				
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	>	(
f	Has the plan failed to provide any benefit when due under the plan				>	(
	· · · · · · · · · · · · · · · · · · ·			10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		(
h —	2520.101-3.)			10h	>	(
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)								Yes	s X	No
11a					118						
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 302	of I	ERISA′	?	Yes	X	No
	(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 beir granting the waiver.		Mon			er th Day	e date	of the I Ye		uling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year				12	b					

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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):	1 3c(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 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).

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 12/31/2012 and ending 01/01/2012 For calendar plan year 2012 or fiscal plan year beginning a one-participant plan X a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan information—enter all requested information Part II **1b** Three-digit 1a Name of plan plan number Woodford Excavation & Transport Incorporated 401(001 (PN) ▶) Retirement Savings Plan 1c Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 61-0977204 Woodford Excavation & Transport, Incorporated 2c Sponsor's telephone number. (859) 873-2237 2d Business code (see instructions) 310 Fielding Drive 238900 40383 Versailles 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 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. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year 22 5a 27 b Total number of participants at the end of the plan year 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 14 complete this item)..... Yes No 6a 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) X Yes No 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. GALEN YOUNG

SIGN HERE Enter name of individual signing as plan administrator ature of plan administrati GALEN YOUNG SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

	III L Fire relative for motion							
Part		:	(a) Beginning of Year		T		(b) End of Yea	
	an Assets and Liabilities	7a		,675	5			84,917
	otal plan assets	7b	<u>-</u>					
	otal plan liabilities	7c	67	, 673	5			84,917
	et plan assets (subtract line 7b from line 7a)	-,-	(a) Amount		1		(b) Total	<u></u>
	come, Expenses, and Transfers for this Plan Year				+		177	
	ontributions received or receivable from:) Employers	8a(1)	11	,092	2			
) Participants,	8a(2)						
	Others (including rollovers)	8a(3)			1			
	ther income (loss)	8b	8	, 41	9			
	otel Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			┸-			19,511
d B	enefits paid (including direct rollovers and insurance premiums		2	,24	4			
	provide benefits)	8d		.,	+			
	ertain deemed and/or corrective distributions (see instructions)	80	<u></u>	2.	۹ ا			
f A	dministrative service providers (salaries, fees, commissions)	8f			+	-		
go	ther expenses	8g			╫	<u> </u>		2,269
	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	<u></u>		╁			17,242
	et income (loss) (subtract line 8h from line 8c)	. 8i			+			11,7212
<u> </u>	ransfers to (from) the plan (see instructions)	- 8j						
Part	IV Plan Characteristics							
i	f the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D							
ь	f the plan provides welfare benefits, enter the applicable welfare t	feature cod	des from the List of Plan Charac	teristi	c Cod	les In t	ne instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amo	ınt
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fid	utions with luciary Co	in the time period described in rection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interes	t? (Do not	include transactions reported			х		
	on line 10a.)		4114444477	106				
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 or dishonesty?	s fidelity b	and, that was caused by fraud	10d		х		
	Wiere any fees or commissions paid to any brokers, agents, or o	ther perso	ns by an insurance carrier,					
	insurance service or other organization that provides some or all instructions.)		Kilità fuidei que bisus (255	10e		Х		
-	Has the plan failed to provide any benefit when due under the pl			10f		Х		
<u>.</u>	Did the plan have any participant loans? (If "Yes," enter amount			10g		Х		
g	If this is an individual account plan, was there a blackout period?	/See inet	ruotions and 29 CFR	103		-		
n	2520.101-3.)		MANUAL STATE OF THE	10h		Х		
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	ed notice or one of the	101				
Part								
11	ts this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions and con	nplete	Sche	dule Si	3 (Form	Yes 🛚 No
110	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	ig requirer	nents of section 412 of the Cod	e or s	ection	302 of	ERISA?	Yes X No
	(15 "Yes " consolete line 12s or lines 12h, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amort	ized in this plan year, see instru 	11411	s, and	enter ti Day	he date of the let	ter ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Sched	ule MB (F	orm 5500), and skip to line 13	<u></u>			1	
	Enter the minimum required contribution for this plan year					12b	<u>.</u>	

	F	orm 5500-SF 2012	· -	Pag	je 3 -							
С	Enter	r the amount contributed by the employer to the	e plan for this plan ye	ear				120				
d	Subtr	ract the amount in line 12c from the amount in litive amount)	line 12b. Enter the re	esult (ente	a minus sign	to the lef	t of a	120		·	-	<u></u>
e	Will t	he minimum funding emount reported on line 1	2d be met by the fur	nding dead	line?	·····			Y	es	Νφ	N/A
Part	VII	Plan Terminations and Transfers	of Asse <u>ts</u>						,			
13a	Has a	a resolution to terminate the plan been adopted in			,				Yes	X No)	
		es," enter the amount of any plan assets that re										
b	Were	e all the plan assets distributed to participants of PBGC?	or beneficiaries, trans	sterred to a	nother plan.	or brough	t under the	contro)1	<u>,. </u>	Ye	s 🗵 No
c	If du	ring this plan year, any assets or llabilities were th assets or liabilities were transferred. (See ins	e transferred from thi structions.)	is plan to a	nother plan(s), identify					" T "	
		Name of plan(s):						13c <u>(2)</u>	EiN(s)	-	13c	3) PN(s)
				_	<u>_</u>							
Part	VIII	Trust Information (optional)										
		of trust		······································				14b	Trust's	EIN		