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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report le	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths)	1	
C Check I	box if filing under:		automatic extension			DFVC progra	am
		special extension (enter description	1)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name CONCRETE		L KENTUCKY 401(K) RETIREMENT S	SAVINGS PLAN		1b	Three-digit plan number (PN)	001
					1c	Effective date o	
	ponsor's name and add	ress; include room or suite number (en LL KENTUCKY	nployer, if for a single-	employer plan)	2b	Employer Identi	
624 BIZZELI	I DRIVE				2c	Sponsor's telep	
LEXINGTON					2d	Business code	(see instructions)
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan num or's name	ber from the last return/report.			4c	PN	
5a Total r	number of participants a	t the beginning of the plan year			5a		17
b Total r	number of participants a	t the end of the plan year			5b		18
		ccount balances as of the end of the pl	• •	•	5c		14
6a Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No
under	29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility a	nd conditions.)				X Yes No
-		her line 6a or line 6b, the plan canno plan, is it covered under the PBGC ins			_		Not determined
]
		r incomplete filing of this return/repo					abla a Cabadula
SB or Sche		er penalties set forth in the instructions d signed by an enrolled actuary, as wel ete.					
SIGN HERE	Filed with authorized/v	alid electronic signature.	05/22/2014	COLIN STOUT			
HEKE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ninistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; include	room or suite numbe	r (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	ar			(b) End o	Voar		
	Total plan assets	7a	(a) beginning or rea	<u> </u>			(b) Liid 0	625	96	
	Total plan liabilities	7b			+					
	Net plan assets (subtract line 7b from line 7a)	7c		0				625	96	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To			
	Contributions received or receivable from:		(a) Amount				(6) 10	aı		
	(1) Employers	8a(1)	4621	5						
	(2) Participants	8a(2)	687	' 5						
	(3) Others (including rollovers)	8a(3)	1569	97						
b	Other income (loss)	8b	515	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7393	39	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1104	3						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f	30	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						113	43	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						625	96	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	,	mount		
a	Was there a failure to transmit to the plan any participant contribut					X		inount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X				
	on line 10a.)			10b						
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's or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all instructions.)			10e	X					112
f	,					Χ				
				10f		X				
9				10g						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
ī	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		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	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e 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.	ng amortiz	ed in this plan year, see instru		, and e	enter th		e letter i 'ear_	uling	J
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

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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 (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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust'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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information								
For calendar plan year 2013 or fiscal plan year beginning 01/0	01/2013	and ending	12/31/201	.3				
A This return/report is for:	multiple-employer pl	an (not multiemployer)	r) a one-participant plan					
This return/report is:								
an amended return/report as	short plan year return	/report (less than 12 mo	onths)					
C Check box if filing under: Form 5558	tomatic extension		☐ DFVC prog	ram				
special extension (enter description)								
Part II Basic Plan Information—enter all requested information	on							
1a Name of plan			1b Three-digit					
Concrete Coring of Central Kentucky 401(k)	Retirement Sa	vings Plan	plan number (PN) ▶	001				
			1c Effective date 01/01/201					
2a Plan sponsor's name and address; include room or suite number (emp	lover if for a single-	employer plan)	2b Employer Iden					
Concrete Coring of Central Kentucky	noyer, ir for a single	cimpleyer plany	(EIN) 61-12					
624 Bizzell Drive			2c Sponsor's tele 859-233-0	5 to 1 to				
			2d Business code	(see instructions)				
Lexington KY 40510 3a Plan administrator's name and address XSame as Plan Sponsor Nam	ne XSame as Plan	Sponsor Address	237310 3b Administrator's	s EIN				
<u></u>		,	3c Administrator's	s telephone number				
			oc Administrators	s telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report. a Sponsor's name			4c PN					
5a Total number of participants at the beginning of the plan year			5a	17				
bT otal number of participants at the end of the plan year			5b	18				
c Number of participants with account balances as of the end of the pla			5c	14				
complete this item)				X Yes No				
b Are you claiming a waiver of the annual examination and report of an								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions.)			X Yes No				
If you answered "No" to either line 6a or line 6b, the plan cannot				_				
CIf t he plan is a defined benefit plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?	Yes No	Not determined				
Caution: A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonable cau	ise is established.					
Under penalties of perjury and other penalties set forth in the instructions,	declare that I have	examined this return/rep	ort, including, if appl	licable, a Schedule				
SB or Schedule MB completed and signed by an enrolled actuary, as well belief, it is true, correct, and complete.	as the electronic ver	sion of this return/report,	, and to the best of it	ny knowledge and				
	1/1/2	la 31 01 1						
SIGN HERE	4/17/19	Colin Stout						
Signature of plan administrator	Date	Enter name of individu	ual signing as plan a	aministrator				
SIGN HERE	4/1/19							
Signature of employer/plan sponsor	pate /	Enter name of individu		yer or plan sponsor ne number (optional)				
Preparer's name (including firm name, if applicable) and address; include	oon or suite numbe	(optional)	i reparer a telephor	ic number (optional)				
			KIND STATE					

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	d of Ye	ar
a Total plan assets	. 7a							6259
bT otal plan liabilities	. 7b							
c Net plan assets (subtract line 7b from line 7a)	7c			0				6259
8 Income, Expenses, and Transfers for this Plan Year	Sollars.	(a) Amount				(b)	Total	
a Contributions received or receivable from: (1) Employers	8a(1)		4621	.5				
(2) Participants	. 8a(2)		687	75				
(3) Others (including rollovers)	8a(3)		1569	7			HILE.	
bOthe rincome (loss)	8b		515	52				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7393
dBenefit s paid (including direct rollovers and insurance premiums		4	1104	2	Total	1 2	7/2	He deep x
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	. 8d		1104	. 3				
1879 COST 60 (6)	8e		2.0					
f Administrative service providers (salaries, fees, commissions)	. 8f		30	0			- 12 (S	
gOthe rexpenses	8g							
hT otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							1134
i Net income (loss) (subtract line 8h from line 8c)	. 8i			_				6259
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension								
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions		THOM the List of Flam Chara	Clerist		C3 III	ine instruc	uons.	=====
10 During the plan year:				Yes	No	Ī	Amou	int
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t	he time period described in	10a		Х		741100	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		х			
c Was the plan covered by a fidelity bond?			10c		Х			
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	, 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.)	er persons to of the benefi	by an insurance carrier, its under the plan? (See	10e	х				11
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	l.)	10g		х			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	ions and 29 CFR	10h		Х			i ext
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required n	otice or one of the	10i					M IN.
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete \$	Sched	ule SE	3 (Form	П	Yes ∏ No
11a Enter the unpaid minimum required contribution for current year fro					11a			
12 Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	П	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized	in this plan year, see instruc	ctions, th	and e	nter th Day	ne date of	the lette Year	er ruling
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					12b			

F	orm 5500-SF 2013 Page 3 -				
C Enter	the amount contributed by the employer to the plan for this plan year	12c			
d Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ive amount)	12d			
	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/	
Part VII	Plan Terminations and Transfers of Assets				
13a Has a	resolution to terminate the plan been adopted in any plan year?	. Г	es X N	0	
	s," 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 PBGC?	0.0000000		∏ Yes ဩ n	
C If dur	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred.(See instructions.)	to			
*** ** A TAYLET STATE STATE	Name of slan(s).	3c(2) EII	V(s)	13c(3) PN(s	
Part VIII	Trust Information (optional)				
60 C.C.			4b Trust's EIN		