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

	enefit Guaranty Corporation	 Complete all entries in ac 	cordance with the instru	ctions to the Form 5500)-SF.		
Part I	Annual Report	Identification Information					
For calend	lar plan year 2013 or fis	scal plan year beginning 01/01/	2013	and ending 1	2/31/2	2013	
	turn/report is for:	X a single-employer plan □		lan (not multiemployer)		a one-partici	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
	T =	special extension (enter descr	· /				
Part II		rmation—enter all requested info	ormation				T
1a Name					1b	Three-digit	
WALIER M	ARTIN EXCAVATING I	RETIREMENT PLAN				plan number (PN) ▶	001
					1c	Effective date o	
						10/01	
	sponsor's name and add	dress; include room or suite number INC.	er (employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 20-39	fication Number 84775
600 1 11 01 11 11	/AV 4202				2c	Sponsor's telep	
698 HIGHW RUSSELL S	SPRINGS, KY 42642				2d	Business code ((see instructions)
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
A 15 41					41.		
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b	EIN	
	sor's name	noor nom the last return report.			4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		15
_		at the end of the plan year			5b		33
C Numb	per of participants with a	account balances as of the end of t	the plan year (defined bene	efit plans do not	5c		13
	•	s during the plan year invested in e					X Yes No
	•	f the annual examination and repor	•	•			A 105 140
		? (See instructions on waiver eligibi					V V N-
If you	ı answered "No" to ei		inty and conditions.				X Yes No
ii yot	a answered No to ci	ither line 6a or line 6b, the plan c	-				X Yes No
•		ither line 6a or line 6b, the plan c iit plan, is it covered under the PBG	annot use Form 5500-SF	and must instead use	Form	5500.	Not determined
C If the	plan is a defined benef	it plan, is it covered under the PBG	cannot use Form 5500-SF GC insurance program (see	and must instead use ERISA section 4021)? .	Form	5500. Yes No	
C If the	plan is a defined benef	it plan, is it covered under the PBG	cannot use Form 5500-SF GC insurance program (see n/report will be assessed	and must instead use ERISA section 4021)? unless reasonable cau	Form se is	5500. Yes No cestablished.	Not determined
C If the Caution: A Under pen SB or Sch	plan is a defined benef A penalty for the late of alties of perjury and other	or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, a	cannot use Form 5500-SF GC insurance program (see in/report will be assessed ctions, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is ort, ir	Yes No established.	Not determined able, a Schedule
C If the Caution: A Under pen SB or Sch belief, it is	plan is a defined benef A penalty for the late of alties of perjury and other and the dule MB completed are true, correct, and comp	or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, a	cannot use Form 5500-SF GC insurance program (see in/report will be assessed ctions, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	Form se is ort, ir	Yes No established.	Not determined able, a Schedule
C If the Caution: A Under pen SB or Sch belief, it is	plan is a defined benef A penalty for the late of alties of perjury and other and the dule MB completed are true, correct, and comp	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	cannot use Form 5500-SF GC insurance program (see in/report will be assessed ctions, I declare that I have	and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	se is port, ir, and	Yes No established. Including, if applicate the best of my	Not determined able, a Schedule knowledge and
C If the Caution: A Under pen SB or Sch belief, it is	plan is a defined benef A penalty for the late of palties of perjury and oth edule MB completed are true, correct, and comp	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete.	cannot use Form 5500-SF GC insurance program (see In/report will be assessed ctions, I declare that I have as well as the electronic ver	e ERISA section 4021)? unless reasonable cau examined this return/reportsion of this return/reports	se is port, ir, and	Yes No established. Including, if applicate the best of my	Not determined able, a Schedule knowledge and
C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE	A penalty for the late of alties of perjury and othe dedule MB completed ar true, correct, and completed with authorized/	or incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a plete. (valid electronic signature. dministrator	cannot use Form 5500-SF GC insurance program (see in/report will be assessed citions, I declare that I have as well as the electronic ver Date	e ERISA section 4021)? unless reasonable cau examined this return/reportsion of this return/reports. Enter name of individu	se is port, ir, and	Yes No established. Including, if applicate to the best of my	Not determined able, a Schedule knowledge and
C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	A penalty for the late of alties of perjury and othedule MB completed artrue, correct, and completed with authorized/ Signature of plan a	or incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a plete. (valid electronic signature. dministrator	cannot use Form 5500-SF GC insurance program (see in/report will be assessed ctions, I declare that I have as well as the electronic ver Date Date	e ERISA section 4021)? unless reasonable cau examined this return/report, rsion of this return/report, Enter name of individu	se is port, ir, and wall signal	Yes No sestablished. rectablished. rectablished and the best of my sestablished and the best of my sestablished and the best of my sestablished.	Not determined able, a Schedule knowledge and
C If the Caution: A Under pen SB or Sch belief, it is SIGN HERE SIGN HERE	A penalty for the late of alties of perjury and othedule MB completed artrue, correct, and completed with authorized/ Signature of plan a	or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete. valid electronic signature. dministrator	cannot use Form 5500-SF GC insurance program (see in/report will be assessed ctions, I declare that I have as well as the electronic ver Date Date	e ERISA section 4021)? unless reasonable cau examined this return/report, rsion of this return/report, Enter name of individu	se is port, ir, and wall signal	Yes No sestablished. rectablished. rectablished and the best of my sestablished and the best of my sestablished and the best of my sestablished.	Not determined able, a Schedule knowledge and ninistrator

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Pai	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year	
a	Total plan assets	7a	1595				103451	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1595	3			103451	
8	Income, Expenses, and Transfers for this Plan Year	_	(a) Amount	(b) Total			(b) Total	
	Contributions received or receivable from:		(w) runoum		(0) 22331			
	(1) Employers	8a(1)	8085	55				
	(2) Participants	8a(2)	3560	5				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	148	7				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					117947	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3044	9				
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					30449	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					87498	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t 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 Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	X		13419	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X		
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?			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	of the ben	efits under the plan? (See			X		
	instructions.)			10e		X		
	Has the plan failed to provide any benefit when due under the pla	n?		10f				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	`		10h		X		
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)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·		-		FRISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		. 0. 00	. 50.511			
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 instruc		, and e	enter th	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	ı cui	
	Enter the minimum required contribution for this plan year	(1 31	seer, some emp to mio for			12b		

Page	3 -	1
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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	Short Form Annual	Return/Report of Small	I Employee	OMB Nos. 1219-
Department of the Trensity Internal Revenue Service	Appendix to the control of the second	Benefit Plan	as - 5 - 1	2013
Department of Labor Emily set Benefits Security Administration	Retirement income Security Ac	t of 1974 (ERISA), and sections 605 mail Revenue Code (the Code)		This Form is Open to Pul
Prentsion Benefit Guaranty Corporation		cordance with the instructions to t	re Form 5500-SF,	Trispection
Part Annual Repor	rt identification information liscal plan year beginning	01-701/2025 and	ending 1	2/31/2013
A This return/report is for	asingle-employer plan	a multiple-employer plan (not inc		e one participant plan
B This return/report is:	the first return/report	the final returnizeport		
© Check box if filing under:	an amended return/report K Form 5558	aushort plan year return/report (le:		DPVC program
	special extension (enter descri		:;* * .	
Part II Basic Plan In	formation emer all requested info	mration:	fh Te	rea digit
	CAVADING RETIREMENT EL	<u>ek</u>	pla	n number
			1c En	ective date of plan
24 Plan sporsor's name and	address; include room or suite numbe	r jemployer, if for a single-employer:		1/01/2012 ployer Identification Number
WALTER MARTEN EX			(EI	N) 20-3984775
Control of the contro				onsors telephone number 59) 369-0380
698 HIGHWAY 1383 RUSSELL SPRINGS		KY 42642		siness code (see instruction 6.9.00
·	and address: Same as Plan Sponso			ministrator's EIN
			3c Ad	ministrator's telephone num
4 If the name and/or EIN of t	the plan sponsor has changed since th	ne last return/report filed for this plan.	enterthe 4b El	<u>, , , , , , , , , , , , , , , , , , , </u>
name, EIN, and the plan o a Sponsors name	comber from the last return/report.		4c P	
i to the second second	is at the beginning of the plan year		5a	
	is at the end of the plan year	the first of the second of the	540	
complete this item)			5c	В. Б
	ets during the plan year invested in ell of the annual examination and report			Yes [
	i6? (See instructions on waiver eligibil either line 6a or line 6b, the plan ca			
C if the plan is a defined ben	effi, plan, is it covered under the PBG0	Dinsurance program (see ERISA sec	sion 4021)7 [] Ye	s 🔲 No 📋 Not determin
	e or incomplete filing of this return!	1 81 11 11 11 11 11 11 11 11 11 11 11 11		
The second of th	other penalties set forth in the instruct and signed by an enrolled actuary, as			
Under penalties of perjury and SB or Schedule MB completed				
Under penalties of perjury and SB or Schedule MB completed belief, it is the journed, and completed the second sec		begins are been se	PERMITTED OF	and the street of the
tinder penalties of perjury and SB or Schedule MB completed belief, it is true pomed, and co SIGN	0.1201		ARCIN JOHNSON. me of individual signia	as plan administrator
Under penalties of perjury and SB or Schedulge MB completed belief, it is prejugated, and consider the second seco	0.1201	Date Enter-sa	ARTIN JOHNSON me of individual signin ARTIN JOHNSON	as plan administrator
Under penalties of perjury and SB or Schedulge MB completed belief, it is prejicorreal, and consider the second se	administrator/	Date Enter as 100 - 141 - 141 LISA M. Date Enter na	me of Individual signin NOTIN JOHNSON THE CLINIVIDIA	as emdoyer or plan spon
Under penalties of perjury and SB or Schedulge MB completed belief, it is prejicorreal, and consider the second se	Padministrator (Date Enter as 100 - 141 - 141 LISA M. Date Enter na	me of Individual signin NOTIN JOHNSON THE CLINIVIDIA	as employer or plan spore 's telephone number (oplio
Under penalties of perjury and SB or Schedulge MB completed belief, it is prejicorreal, and consider the second se	administrator/ According Spensor name, if approable) and address inc	Date Enter as 100 - 141 - 141 LISA M. Date Enter na	me of Individual signin NOTIN JOHNSON THE CLINIVIDIA	as plán administrator as employer or plan spora 's telephone number (oplio
Under penalties of perjury and SB or Schedulge MB completed belief, it is prejicorreal, and consider the second se	admigristrator() Coveription spensor Iname, il appricable) and address inc	Date Enter as 100 - 141 - 141 LISA M. Date Enter na	me of Individual signin NOTIN JOHNSON THE CLINIVIDIA	as employer or plan spore s telephone number (optio
Under penalties of perjury and SB or Schedulg MB completed belief, it is purported, and consider the second	administrator Occurrent Special Specia	Date Enter as 100 - 140 - 141	me of individual signing ARTIN JOHNSON me of individual signing Prepare	as employer or plen spon 's telephone number (optio
Under penalties of perjury and SB or Schedulg MB completed belief, it is purported, and consider the second	administrator () Autoriphin spensor name, if applicable) and address inc	Date Enter sai	me of individual signing ARTIN JOHNSON me of individual signing Prepare	as embloyer or plan spore 's telephone number (optio
Under penalties of perjury and SB or Schedulg MB completed belief, it is purported, and consider the second	administrator Occurrent Special Specia	Date Enter as 100 - 140 - 141	me of individual signing ARTIN JOHNSON me of individual signing Prepare	as employer or plen spon 's telephone number (optio
Under penalties of perjury and SB or Schedulg MB completed belief, it is purported, and consider the second	administrator Occurrent Special Specia	Date Enter as 100 - 140 - 141	me of individual signing ARTIN JOHNSON me of individual signing Prepare	as employer or plen spon 's telephone number (optio
Under penalties of perjury and SB or Schedulg MB completed belief, it is purported, and consider the second	administrator Occurrent Special Specia	Date Enter as 100 - 140 - 141	me of individual signing ARTIN JOHNSON me of individual signing Prepare	as employer or plen spon 's telephone number (optio
Under penalties of perjury and SB or Schedulg Mit completed belief, it is true, correct, and considered to the state of th	administrator Occurrent Special Specia	Date Enter as 100 - 140 - 141	me of individual signing ARTIN JOHNSON me of individual signing Prepare	as employer or plen spon 's telephone number (optio

Pa	Financial Information									
7	Plan Assets and Liabilities	ts and Liabilities (a) Beginning of Year				(b) End of Year				
а	Total plan assets	. 7a		15,953			103,			
b	Total plan liabilities	7b					,			
С	Net plan assets (subtract line 7b from line 7a)	7c	1	5,95	53		103,4			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	ınt .			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0,85	55					
	(2) Participants	8a(2)	3	35,605						
	(3) Others (including rollovers)	8a(3)			341	nimbirotoko Najviros				
b	Other income (loss)	8b		1,48	37					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					<u> </u>		117	7,947
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	3	0,4	19					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								,449
i	Net income (loss) (subtract line 8h from line 8c)	8i							87	7,498
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	tic Co	des in	the instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Х				13	3,419
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	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?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	er persons of the bene	s by an insurance carrier, fits under the plan? (See							
	instructions.)			10e		X	ļ			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х				
h	2520.101-3.)		***************************************	10h		Х				
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)								∕es [X No
<u>11a</u>	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction	302 of	ERISA?		es 2	X No
	(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 ranting the waiver.	•	Mon		and e	enter ti Day		he lette Year	r rulin	ıg
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	n 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year					12b				

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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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	15-11-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-			
13a	Has a resolution to terminate the plan been adopted in any plan year?	🔲 🕆	res 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 the of the PBGC?	control		Yes 🕅 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):	13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b ⊺	ust's EIN	