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

2015

This Form is Open to Public Inspection

Pension be	enent Guaranty Corporation	▶ Complete all entries in	accorda	nce with the instru	ctions to the Form 55	00-SF.		•
Part I	Annual Report	Identification Information	1					
For calenda		scal plan year beginning 01/01/2			and ending 12	2/31/2015		
A This ret	urn/report is for:	a single-employer plan a one-participant plan	list		n (not multiemployer) ployer information in ac		_	
B This retu	ırn/report is	the first return/report an amended return/report	H	inal return/report ort plan year return/	report (less than 12 mo	onths)		
C Check b	oox if filing under:	X Form 5558	auto	omatic extension			DFVC prog	ram
		special extension (enter descri	ription)			_		
Part II	Basic Plan Info	prmation—enter all requested in	formation)				
1a Name	of plan	RANSPORT, INC. 401K RETIREM				pla	ree-digit an number N)	001
							ective date o	f plan 1/2010
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		if foreign and instru	otions)	2b En (El		fication Number 977204
	EXCAVATION & TRA	e, country, and ZIP or foreign post ANSPORT, INC	iai code (n toreign, see instru	cuoris)	2c Sp		hone number 73-2237
MA FIEL BIN	0.00					2d Bu	siness code (see instructions)
310 FIELDIN /ERSAILLES							2389	900
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.			3b Ad	ministrator's	EIN
						3c Ad	ministrator's t	telephone number
		e plan sponsor has changed since mber from the last return/report.	the last r	eturn/report filed for	this plan, enter the	4b EI	N	
a Sponso	or's name					4c PN	1	
5a Total r	number of participants	at the beginning of the plan year				5a		16
b Total r	number of participants	at the end of the plan year				5b		1
		account balances as of the end of			·	5c		1
d(1) Tota	al number of active par	rticipants at the beginning of the pl	lan year .			5d(1)		1
d(2) Tota	al number of active pa	rticipants at the end of the plan year	ar			5d(2)		1
than 1	100% vested	terminated employment during the				5e		
		or incomplete filing of this return						-1-1 0-1 - 1-1
SB or Sche		her penalties set forth in the instruction nd signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized/	/valid electronic signature.		10/14/2016	GALEN YOUNG			
HERE								

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page 2								
6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determ	nined
Part III Financial Information	1 -									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) En	d of Y		
a Total plan assets	7a		57	408					134	3
b Total plan liabilities	7b			1400					40.4	10
C Net plan assets (subtract line 7b from line 7a)	7c			408	-				134	13
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-	796						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-79	16
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		49	484						
Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g		5	785						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5526	39
i Net income (loss) (subtract line 8h from line 8c)	8i								-5606	55
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instr	uctions	S:	
B If the plan provides welfare benefits, enter the applicable welfare fe	natura code	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	ctions:		
in the plant provides wellare benefits, effer the applicable wellare is	eature cou	es nom the List of Fia	ii Cilaia	aciensi	ic Coc	162 111 111	e ilistiui	CHOHS.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest			401		X					
reported 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 by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan					X					
			10f		-					
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ					
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							
j Did the plan trust incur unrelated business taxable income?			10j						_	
Part VI Pension Funding Compliance					-					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								<u></u> [Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?.		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter th	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s \square No	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· v (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı T a	Name 0	ii iiust		140	TUSES EII	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	☐ ADF	P/ACP
450					ethod		
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No	
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information	1	and ending 12/31	/2015	
For calendar	plan year 2015 or	fiscal plan year beginning 01/01/20	a multiple-employer pla			ox must attach a
		X a single-employer plan	list of participating emr	oloyer information in acc	ordance with the form	n instructions)
A This retu	rn/report is for:	a one-participant plan	a foreign plan	MOYOT IMPORTMENT IN THE		
		a one participant plan	a foreign plan			
D =1:	- I i	the first return/report	the final return/report			
B This retur	n/report is	an amended return/report	a short plan year return	report (less than 12 mo	nths)	
		all alliended return/report		Supplied Total State (1990) A Supplied to Supplied Suppli		
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC prog	gram
		special extension (enter des	cription)			
Part II	Basic Plan In	formation—enter all requested i	nformation			T
1a Name o					1b Three-digit	
WOODFORE	EXCAVATION &	TRANSPORT, INC. 401K RETIRE	MENT SAVINGS PLAN		plan number (PN)	001
				1	1c Effective date	of plan
					01/01/2010	51 pis
0		Javan if for a gingle employer plan		- Indiana Comment of the Comment of	2b Employer Iden	tification Number
5.5 m : 11: m - m	- ddraga (include re	oloyer, if for a single-employer plan oom, apt., suite no. and street, or P	(). Box)		(EIN) 61-09772	
City or	town, state or provi	nce, country, and ZIP or foreign po	stal code (if foreign, see instr	uctions)	2c Sponsor's tele	phone number
WOODFORD	EXCAVATION &	TRANSPORT, INC		梅		873-2237
					2d Business code	(see instructions)
310 FIELDIN	IG DR				238900	
VERSAILLES	S. KY 40383	Cle Di O			3b Administrator's	s EIN
3a Plan ad	dministrator's name	and address X Same as Plan Spo	onsor.			
					3c Administrator's	s telephone number
A 15.0		the plan sponsor has changed sin	ce the last return/report filed f	or this plan, enter the	4b EIN	
4 If the r	EIN, and the plan	number from the last return/report.	oo trio idat rotarra epera		_	
	or's name		The second secon		4c PN	
5a Total	number of participa	nts at the beginning of the plan year	ır		5a	16
		nts at the end of the plan year			5b	1
c Numb	or of participants w	ith account balances as of the end	of the plan year (defined ben	efit plans do not	5c	1
comp	lete this item)					1
d(1) Tot	al number of active	participants at the beginning of the	plan year		5d(1)	1
d(2) Tot	tal number of active	participants at the end of the plan	year		5d(2)	1
e Numi	ber of participants t	hat terminated employment during	the plan year with accrued be	enefits that were less	5e	
41	4000/atad				use is established.	
-		ate or incomplete filing of this red d other penalties set forth in the ins	tructions I declare that I have	examined this returning	DOIL IIIGIUUIIIY, II api	olicable, a Schedule
SB or Sch	edule MB complete	d and signed by an enrolled actuar	y as well as the electronic ve	ersion of this return/repo	rt, and to the best of	my knowledge and
belief, it is	true, correct, and o	omplete.	- / . /			
SIGN	Mai	995	10/14/16	Galen Young		
HERE	Signature of pla	an administrator	Date /	Enter name of individ	dual signing as plan a	administrator
SIGN						
HERE	Cimpetum of	onlovor/plan enoncor	Date	Enter name of indivi	dual signing as emplo	oyer or plan sponsor
	name (including fi	nployer/plan sponsor rm name, if applicable) and addres			Preparer's telepho	ne number
1 Topaler s	, (morading in	, Fr.,				
1						

	Form 5500-SF 2015		Page 2							
b A	Were all of the plan's assets during the plan year invested in eligible are you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot	n independ and condition ot use Form	lent qualified public acc ns.) n 5500-SF and must i	nstead	nt (IQP I use F	A) orm 5	5500.		X Yes	s No
C If	the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA sec	tion 40	21)?	Ц	Yes	No 📗	Not dete	rmined
Part	III Financial Information					Г		". F. J.	5 V	
7 F	Plan Assets and Liabilities		(a) Beginning	of Year 57408		\vdash		b) End o	134	3
	otal plan assets	7a		5/400)	-			104	
-	otal plan liabilities	7b		57408	<u> </u>	+-			134	3
_	let plan assets (subtract line 7b from line 7a)	7c			,	+-		/b) T		
-	ncome, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Te	otai	
	Contributions received or receivable from: 1) Employers	8a(1)								
-	2) Participants	8a(2)								
	3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		-796	3					
Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-79	6
d E	Benefits paid (including direct rollovers and insurance premiums			49484	1					
	o provide benefits)	8d		1010						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f		578	5	100				
	Other expenses	8g 8h			Mag News				5520	
	Total expenses (add lines 8d, 8e, 8f, and 8g)								-560	35
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)									A ANDREAS
		8j							-	
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f									
Part								E.		
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	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 by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
q	0.000/ 11 11 0.000/ 11 11 11 11 11 11 11 11 11 11 11 11 11			10g		Х				
-	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х				
i		the require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j					United Sections	
Pari					-	4				
11	Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)	ments? (If "	Yes," see instructions	and co	mplete	Sche	dule SB	(Form	. Y	es 🛛 N

12

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the date of the granting the waiver. 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	No 0
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	No 0
b Enter the minimum required contribution for this plan year	No 0
C Enter the amount contributed by the employer to the plan for this plan year	No 0
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) e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year? 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 control of the PBGC? C 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.) 13c(1) Name of plan(s): 14b Trust's FIN.	No 0
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	No 0
Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	0
13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	0
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 control of the PBGC? C 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13h Trust's EIN	s X No
of the PBGC? C 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13 14b Trust's EIN	<u> </u>
C 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13 13c(2) EIN(s) 13c(3) Trust Information	
Part VIII Trust Information	- (a) DM(.)
14h Trust's FIN	3c(3) PN(s)
14a Name of trust	
14c Name of trustee or custodian 14d Trustee's or customer telephone nur	
Part IX IRS Compliance Questions	
15a Is the plan a 401(k) plan?	No
Design-	ADP/ACP test
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-	No
2(a)(2)(ii))?	Average benefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	No -
17a Has the plan been timely amended for all required tax law changes?	□ No □ N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted Enter the applicable code	(See instructions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable letter and the letter's serial number	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable	anie
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	
19 Were in-service distributions made during the plan year?	No
If "Yes," enter amount	No No
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	