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

2015

This Form is Open to Public Inspection

| Part | I Annual Repor | t Identification Information | 1 | | | |
|---|-----------------------------------|--|---|---|--|----------------------------------|
| For cal | endar plan year 2015 or | fiscal plan year beginning 01/01/2 | 2016 | and ending 0 | 7/31/2016 | |
| A This | s return/report is for: | a single-employer plan a one-participant plan | list of participating e | plan (not multiemployer) employer information in a | | |
| B This | return/report is | the first return/report | a foreign plan X the final return/report | t | | |
| | | an amended return/report | | urn/report (less than 12 m | nonths) | |
| C Che | eck box if filing under: | Form 5558 | automatic extension | | DFVC p | rogram |
| _ | | special extension (enter desc | . , | | | |
| Part | | ormation—enter all requested in | formation | | T | |
| | me of plan FORD EXCAVATION & T | TRANSPORT INCORPORATED 40 | 1(K) RETIREMENT SAVII | NGS PLAN | 1b Three-digit plan number (PN) ▶ | 001 |
| | | | | | 1c Effective dat | e of plan 1/01/2010 |
| Ma | ailing address (include ro | loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C | | otructions) | | entification Number 1-0977204 |
| | ORD EXCAVATION & TR | nce, country, and ZIP or foreign post RANSPORT, INC | ai code (il foreign, see ins | structions) | 2c Sponsor's te | lephone number 9-873-2237 |
| | | | | | 2d Business co | de (see instructions) |
| B10 FIELDING DR VERSAILLES, KY 40383 238900 | | | | | | |
| 3a Pla | an administrator's name a | and address Same as Plan Spon | sor. | | 3b Administrato | r's EIN |
| | | | | | 3c Administrato | r's telephone number |
| | | he plan sponsor has changed since umber from the last return/report. | the last return/report filed | for this plan, enter the | 4b EIN | |
| a Sp | onsor's name | | | | 4c PN | |
| 5a To | tal number of participant | s at the beginning of the plan year | | | 5a | 1 |
| | | ts at the end of the plan year | | | 5b | 0 |
| | | n account balances as of the end of | | | 5c | 0 |
| d(1) | Total number of active p | articipants at the beginning of the p | lan year | | 5d(1) | 0 |
| d(2) | Total number of active p | articipants at the end of the plan ye | ar | | 5d(2) | 0 |
| th | nan 100% vested | at terminated employment during the | | | 5e | |
| | | e or incomplete filing of this return other penalties set forth in the instru | | | | |
| SB or S | | and signed by an enrolled actuary, a | | | | |
| SIGN | Filed with authorized | d/valid electronic signature. | 10/14/2016 | GALAN YOUNG | | |
| HERE | Signature of plan | administrator | Date | Enter name of individ | lual signing as plan | administrator |
| SIGN | | | | | | |
| HERE | | loyer/plan sponsor | Date | Enter name of individ | | • |
| Prepare | er's name (including firm | name, if applicable) and address (in | nclude room or suite numb | ber) | Preparer's telepho | one number |

| Form 5500-SF 2015 | | Page 2 | | | | | | | | |
|--|---|---|------------|----------|-----------------|-------------|------------|----------|---------|-------|
| Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your 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. | | × | Yes [| No No |
| C If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ection 4 | 021)? . | | Yes | No | Not | determi | ned |
| Part III Financial Information | 1 | | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | | | | | (b) End | d of Ye | | |
| a Total plan assets | . 7a | | 1 | 343 | | | | | C |) |
| b Total plan liabilities | 7b | | | 0.40 | | | | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | | | 343 | - | | | | U |) |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | unt | | | | (b) | Total | | |
| (1) Employers | 8a(1) | | | | | | | | | |
| (2) Participants | 8a(2) | | | | | | | | | |
| (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b Other income (loss) | 8b | | | -29 | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | | -29 | } |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 1 | 289 | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | | | | | | | | |
| g Other expenses | . 8g | | | 25 | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | | 1314 | 4 |
| i Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | | | -1343 | 3 |
| 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 instru | uctions: | | |
| B If the plan provides welfare benefits, enter the applicable welfare for | conture code | os from the List of Pla | n Char | octorict | ic Coc | loc in th | o inetru | etione: | | |
| in the plan provides wellare benefits, effect the applicable wellare in | eature coue | es nom the List of Fia | ii Cilai | acterist | ic Coc | 162 111 111 | e ilistiut | JUUIS. | | |
| Part V Compliance Questions | | | | | | | | | | |
| 10 During the plan year: | | | | Yes | No | N/A | | Amo | unt | |
| 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 | | | | | V | | | | | |
| reported on line 10a.) | | | 10b | | X | | | | | |
| 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.) | ne or all of t | he benefits under | 10e | | X | | | | | |
| f Has the plan failed to provide any benefit when due under the pla | | | | | Χ | | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount a | | | 101 | | X | | | | | |
| h If this is an individual account plan, was there a blackout period? | (See instru | ctions and 29 CFR | 10g | | 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 | he required | notice or one of the | 10h 10i | | | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | | | | | | | | |
| Part VI Pension Funding Compliance | | | 10j | |] | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | ПП | Yes | X No |
| 11a Enter the unpaid minimum required contribution for all years from | | | | | | 11a | | · | | 140 |
| 12 Is this a defined contribution plan subject to the minimum funding | | | | | | | 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_ | | Τσαι | | |
| b | Enter ti | he 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 | sПNo | | |
| | | s," enter the amount of any plan assets that reverted to the employer this year | | 13a | | <u> </u> | (| |
| b | Were | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC? | ght under the co | ontrol | × | Yes | No | |
| С | If duri | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.) | | | | | | |
| • | 13c(1) N | lame of plan(s): | 13c(2) | EIN(s) | | 13c(3) F | PN(s) | |
| | | | | | | | | |
| | | | | | | | | |
| Part | | Trust Information | | | | | | |
| 14a | Name o | f trust | | 14b 1 | rust's Ell | N | | |
| | | | | | | | | |
| 14c | Name | of trustee or custodian | | 14d Trustee's or custodian's | | | | |
| | | | | | telepnon | e number | | |
| Par | t IX | IRS Compliance Questions | | | | | | |
| 15a | Is the | plan a 401(k) plan? | | ☐ Ye | s | No | | |
| | 10 110 | | | _ D | 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)? | | ha | sed safe arbor ethod | ADF test | P/ACP | |
| 15c | | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c | | Ye | | No | | |
| | | method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | | | | | | |
| 16a | | the box to indicate the method used by the plan to satisfy the coverage requirements under section | | | atio ercentage | | erage efit test | |
| 16b | 6b 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? | | | | S | No | | |
| 17a | 7a Has the plan been timely amended for all required tax law changes? | | | | | 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 planger is an adopter of a pre-approved master and prototype (M&P) or volume submitter planger is an adopter of that favorable letter/ and the letter's serial representations. | | 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 lination 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 | 5 | 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

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Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| A This return/report is for See plan year 2015 or fiscer plan year | Part I | Annual Report Id | lentification Information | | and anding 07/21 | /2016 | |
|--|------------------|-------------------------|---------------------------------------|-----------------------------------|-------------------------|-----------------------|---------------------------------------|
| Its of participating employer information in accordance with the time tetum/report is a one-participant plan a foreign plan a foreign plan a foreign plan a memoded return/report is an amended return/report is a sport plan year return/report (less than 12 months) | For calendar p | olan year 2015 or fisca | al plan year beginning 01/01/2016 | 3 | and ending 07/31/ | ilera chacking this h | nov must attach a |
| B This return/report is | | | | a multiple-employer plan | (not multiemployer) (F | rdance with the for | m instructions) |
| B This return/report is | A This return | /report is for: | 7 | r== | yer information in acco | Jidance with the for | |
| C Check box if filing under: Form 5558 | | L | a one-participant plan | a foreign plan | | | |
| C Check box if filing under: Form 5558 | | | - | V the final return/report | | | |
| C Check box if filing under: | B This return. | /report is | | | nort (loss than 12 mo | nths) | |
| Form 5988 Substantial Plan Information Form 5988 Special extension (enter description) | | | an amended return/report | X a short plan year return/re | eport (less than 12 mor | | |
| Part II Basic Plan Information—enter all requested information 1a Name of plan Woodlord Excavation & Transport Incorporated 401(k) Retirement Savings Plan 2a Plan sponsor's name (employer, if for a single-employer plan) Mailling address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and 2P or foreign postal code (if foreign, see instructions) WOODFORD EXCAVATION & TRANSPORT, INC 310 FIELDING DR VERSAILLES, KY 40383 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of active participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year. 6 Number of participants that terminated employment during the plan year. 6 Number of participants that terminated employment during the plan year with accound benefits that were less 7 Schedule MS completed the last of entry and other penalties of pentury an | C Check ho | c if filing under: | Form 5558 | automatic extension | | DFVC pro | gram |
| Part II Basic Plan Information—enter all requested information 1a Name of plan Woodford Excavation & Transport Incorporated 401(k) Retirement Savings Plan 1c Effective date of plan 1c Effective date of plan 1c Otto 1c Effective date of plan 1c Effective date of plan 1c Otto 1c Effective date of plan 1c Effect | Oncor box | (II tilling access | | ntion) | | | |
| 14 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 2 Sponsor's name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 2 Sponsor's return of participants at the beginning of the plan year. 5 Total number of participants at the beginning of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with the return for the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 6 Number of participants with account belances as of the end of the plan year. 7 Number of participants with account belances as of the end of the plan year. 8 Number of participants with account belances as of the end of the plan year. 9 Number of participants with account belances as of the end of the plan year. 9 Number of participants with account belances as of the end of the plan year. 9 Number of participants with account belances as of the end of the plan year. 10 Number of participants with account belances as | | | | | | | |
| Pala name of plan | Part II | Basic Plan Infor | mation—enter all requested info | ormation | | 1b Three-digit | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WOODFORD EXCAVATION & TRANSPORT, INC WERSAILLES, KY 40383 3a Plan administrator's name and address Seeme as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Total number of participants at the beginning of the plan year. 6 Number of participants with account balances as of the end of the plan year with accrued benefits that were loss than 100% vested. 7 Only vested. 7 Only vested. 8 Only vest | 1a Name of | plan | | wings Dlan | | | 001 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number (859) 873-2237 2d Business code (see instructions) 238900 310 FIELDING DR VERSAILLES, KY 40383 3a Plan administrator's name and address XiSame as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year | Woodford Exc | avation & Transport Ir | ncorporated 401(k) Retirement Sa | IVIIIgs Flati | | (PN) | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) WOODFORD EXCAVATION & TRANSPORT, INC 2c Sponsor's telephone number (859) 873-2237 2d Business code (see instructions) 310 FIELDING DR VERSAILLES, KY 40383 3a Plan administrator's name and address X/Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year. c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year e Number of participants that terminated employment during the plan year with accound benefits that were less than 100% vested. Gaution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Sign Merce of participants and mainistrator Date Enter name of individual signing as employer or plan sponsor | | | | | | | of plan |
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| WOODFORD EXCAVATION & TRANSPORT, INC (859) 873-2237 2d Business code (see instructions) 238900 VERSAILLES, KY 40383 3a Plan administrator's name and address Visame as Plan Sponsor. 3b Administrator's telephone number 4b EIN 3c Administrator's telephone number 4b EIN 3c Administrator's telephone number 4c PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 4d C PN 5d(1) 0 4d(1) Total number of active participants at the end of the plan year. 5d(2) 0 5d(2) 0 5d(2) 0 5d(2) 0 5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Sign Here Signature of plan administrator Date Enter name of individual signing as plan administrator | A 4 - 111 | ddraga (ingluda room | ant suite no and street or P.U. |), Box) | tions) | | |
| 2d Business code (see instructions) 238900 VERSAILLES, KY 40383 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 4c PN 3sponsor's name 5a Total number of participants at the beginning of the plan year. 5 Notal number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 4d(2) Total number of active participants at the beginning of the plan year. 5d(1) Total number of active participants at the end of the plan year. 5d(1) Total number of active participants at the end of the plan year. 5d(1) Total number of active participants at the end of the plan year. 5d(2) 0 5d(2) 0 5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reason | City or to | own, state or province | o, country, and ZIP or foreign post | al code (il loreign, see insulo | uoris) | 2c Sponsor's tele | ephone number |
| 238900 238900 | WOODFORD | EXCAVATION & TRA | ANSPORT, INC | | | | |
| VERSAILLES, KY 40383 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 3c Administrator's telephone number 4c PN 5a Total number of participants at the beginning of the plan year. 5 Total number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Number of active participants at the beginning of the plan year. 6 Number of active participants at the end of the plan year. 6 Number of active participants at the end of the plan year. 6 Number of active participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 7 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 7 Number of perticipants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 8 OR Schedule MB completed and signaged 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 tr | | | | | | | e (see instructions) |
| 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 Sponsor's name 5a Total number of participants at the beginning of the plan year. 5 Number of participants at the end of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Number of participants at the beginning of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested to perjury and other penalties set forth in the instructions_Lectare that I have examined this return/report, and to the best of my knowledge and bellef. It is true, correct, and complete. 6 Name of participants that the participant is the electronic version of this return/report, and to the best of my knowledge and bellef. It is true, correct, and complete. 7 Name of participants spansor. 7 Name of individual signing as plan administrator. 8 Sign Market of pan administrator. 9 Date Enter name of individual signing as employer or plan sponsor. | 310 FIELDING | G DR | | | | 230900 | |
| 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Sponsor's name 5a Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6 Number of participants at the beginning of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 7 Detail number of participants and the plan year with accrued benefits that were less than 100% vested. 8 Detail number of participants and the plan year with accrued benefits that were less than 100% vested. 8 Detail number of participants and the plan year with accrued benefits that were less than 100% vested. 8 Detail number of participants and the plan year with accrued benefits that were less than 100% vested. 8 Detail number of participants and the plan year with accrued benefits that were less than 100% vested. 8 Detail number of participants and the participants and the plan year with accrued benefits that were less than 100% vested. 8 Detail number of participants and the plan year with accrued benefits that were less than 100% vested. 8 Detail number of participants that terminated employme | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5 Total number of participants at the beginning of the plan year | | | | oor | | 3b Administrator | 's EIN |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 3 Sponsor's name 5a Total number of participants at the beginning of the plan year | 3a Plan adı | ministrator's name an | d address X Same as Plan Spon | 501. | | | |
| a Sponsor's name 5a Total number of participants at the beginning of the plan year | | | | | | 3c Administrator | 's telephone number |
| a Sponsor's name 5a Total number of participants at the beginning of the plan year | | | | | | | |
| a Sponsor's name 5a Total number of participants at the beginning of the plan year | | | | | | | |
| a Sponsor's name 5a Total number of participants at the beginning of the plan year | | | | | | | |
| a Sponsor's name 5a Total number of participants at the beginning of the plan year | | | l l l l l l l l l l l l l l l l l l l | the last return/report filed for | this plan enter the | 4b FIN | |
| a Sponsor's name 5a Total number of participants at the beginning of the plan year | 4 If the na | ame and/or EIN of the | plan sponsor has changed since | the last return report filed for | tino piari, oritor are | 70 Ent | |
| Total number of participants at the beginning of the plan year | | | liber from the last return oper. | | | 4c PN | |
| b Total number of participants at the end of the plan year | a Sponso | i s name | at the hearinging of the plan year | | | 5a | 11 |
| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | 5a Total n | umber of participants | at the beginning of the plan year. | | | 5b | 0 |
| d(1) Total number of active participants at the beginning of the plan year | b Total n | umber of participants | at the end of the plan year | the plan year (defined henef | it plans do not | F | 0 |
| d(1) Total number of active participants at the beginning of the plan year | C Numbe | er of participants with | account balances as of the end of | tille platt year (delified before | | 56 | |
| e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | | | | | | 5d(1) | 0 |
| e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | Q(1) Tota | I number of active pa | rucipants at the beginning of the | or | | 5d(2) | 0 |
| than 100% vested | d(2) Tota | al number of active pa | articipants at the end of the plan ye | a plan year with accrued ben | efits that were less | | · · · · · · · · · · · · · · · · · · · |
| 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. Leclare 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor | | | | | | | |
| Under penalties of perjury and other penalties set forth in the instructions, declare that Thave examined this return/report, and to the best of my knowledge and 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. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | use is established | onlicable a Schedule |
| Signature of plan administrator Sign HERE Signature of omployer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | | |
| SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of omployer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SB or Sche | dule MB completed a | ind signed by an enrolled actuary, | as well as the electronic vers | ion or uno rotarimopo | | |
| Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of omployer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | 101/ | | 10/14/16 | GALAN YOUNG | | |
| SIGN HERE Signature of omployer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | 11 | | 111 | Enter name of individ | dual eigning as nian | administrator |
| HERE Signeture of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | HEKE | Signature of plan | administrator / | Date | Enter name of marvi | dual signing do pidir | udiffi field to |
| HERE Signeture of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | SIGN | | | | | | |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number | | Signature of empl | over/plan sponsor | | Enter name of indivi | dual signing as emp | loyer or plan sponsor |
| | Preparer's | name (including firm | name, if applicable) and address | (include room or suite number | r) | Preparer's teleph | one number |
| | | | | | | 1 | |
| | | | | | | | |
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| | | | | | | | |

| | Form 5500-SF 2015 | | Page 2 | | | | | | |
|------|---|---|--|----------|----------|----------|--------------|---------------------|--|
| | | | | | | | | X Yes No | |
| 6a | Were all of the plan's assets during the plan year invested in eligible | e assets? (| See instructions.) | untant | (IOPA | | | | |
| 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 | | | | | | | X Yes No | |
| | If you answered "No" to either line 6a or line 6b, the plan cannot | ot use For | m 5500-SF and must m | Steau | use i c | JIIII 0. | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC ins | surance pr | ogram (see ERISA section | on 402 | 1)? | [] Y | es No | Not determined | |
| | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of | | | | (b) I | End of Year 0 | |
| a | Total plan assets | 7a | | 1343 | | | | 0 | |
| | Total plan liabilities | 7b | | | | | | 0 | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 1343 | | | | NOTES NO. 20 TO 100 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | <u> </u> | | | | (b) Total | |
| а | Contributions received or receivable from: | 8a(1) | | | | | | | |
| | (1) Employers | 8a(2) | | | | | | | |
| 4100 | (2) Participants | 8a(3) | | | | | | | |
| | (3) Others (including rollovers) | 8b | | -29 | | | | | |
| | Other income (loss) | 8c | | | | | -29 | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | - 00 | | 4000 | | | | | |
| d | to provide benefits) | . 8d | 100 | 1289 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | 25 | | | | | |
| g | Other expenses | . 8g | | 25 | | | | 1314 | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | -1343 | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | | 1040 | | | |
| j | Transfers to (from) the plan (see instructions) | · 8j | | | | | | | |
| Pa | art IV Plan Characteristics | | | | | | lee in the i | notructions: | |
| 9a | 2E 2G 21 2K 3D | | | | | | | | |
| E | If the plan provides welfare benefits, enter the applicable welfare | feature co | des from the List of Plan | Charac | cteristi | c Coa | es in the in | Structions. | |
| Pa | ert V Compliance Questions | | | T | V. 1 | N- | N/A I | Amorra | |
| 10 | During the plan year: | | | | Yes | No | N/A | Amount | |
| | a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's | utions with | in the time period | | | Х | | | |
| | Program) | ······ | iddolary concession | 10a | | | | | |
| | b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | y-in-interest? (Do not include transactions | | | | Х | | | |
| | C Was the plan covered by a fidelity bond? | | | | | Х | | | |
| | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | | | х | | | |
| | e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.) | other perso ome or all o | ns by an insurance f the benefits under | 10e | | X | | | |
| | f Has the plan failed to provide any benefit when due under the p | lan? | | 10f | | X | | | |
| | g Did the plan have any participant loans? (If "Yes," enter amount | | | 10g | | Х | | | |
| | h If this is an individual account plan, was there a blackout period | ? (See inst | ructions and 29 CFR | | | X | | | |

| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | 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 | 10i | | | | | |
| j | Did the plan trust incur unrelated business taxable income? | | | | | | |
| Part | VI Pension Funding Compliance | | | | = T | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below) | | | 1 | (Form | Yes | X No |
| 11a | Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line | 01 | | . 11a | | | V No |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of | the Code | or section | 302 of E | RISA? | Yes | No No |

| Form 5 | 500-SF 2015 Pag | e 3 - | 1 | | | | | |
|----------------------------|---|-----------|------------------|--------------------------------------|------------------|---|------------------------|-----------|
| (If "Yes," co | mplete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| a If a waiver of | if the minimum funding standard for a prior year is being amortized in this waiver. | | | IVIOHUI | nter th Day | e date of the | e letter rulir /ear | ng |
| If you complet | ed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500 | , and sl | cip to li | ne 13. | 401 | Τ | | |
| b Enter the min | nimum required contribution for this plan year | | | | 12b | | | |
| c Enter the am | ount contributed by the employer to the plan for this plan year | | | | 12c | | | |
| negative am | amount in line 12c from the amount in line 12b. Enter the result (enter a nount) | | | | 12d | | . П | NI/A |
| e Will the min | imum funding amount reported on line 12d be met by the funding deadlir | ne? | | | | Yes | No | N/A |
| Design Company Committee | Terminations and Transfers of Assets | | | | | | П | |
| | tion to terminate the plan been adopted in any plan year? | | | | | X Yes | No | |
| | er the amount of any plan assets that reverted to the employer this year | | | | 13a | | | 0 |
| of the PBG | e plan assets distributed to participants or beneficiaries, transferred to ar C? | | | | | | Yes N | No |
| C If during thi | s plan year, any assets or liabilities were transferred from this plan to anots or liabilities were transferred. (See instructions.) | other pla | ın(s), id | entify the plan(s) to | | | | |
| 13c(1) Name | | | | 13c(2) | EIN(s | | 13c(3) P | N(s) |
| 100(1) | | | | | | | | |
| | | | | | | | | |
| Part VIII Tru | st Information | | | | T | | | |
| 14a Name of trus | st | | | | 140 | Trust's EIN | | |
| 14c Name of tru | ustee or custodian | | | | 140 | Trustee's telephone | | an's |
| Part IX IR | S Compliance Questions | | | | | | | |
| 15a Is the plan | a 401(k) plan? | | | | . 🛮 | /es | No | |
| 15h If "Ves " ho | w does the 401(k) plan satisfy the nondiscrimination requirements for en | ployee | deferra | ls and employer | | Design- based safe harbor method | ADF test | P/ACP |
| testing met | hod" for nonhighly compensated employees (Treas. Reg sections 1.401 | (k)-2(a)(| 2)(ii) an | id 1.401(m)- | | Yes | No | |
| | | | | | Ratio | | Average benefit test | |
| 16b Does the p | Is the plan a 401(k) plan? | | | | | | No | |
| | | | | | 1 | Yes | No | N// |
| 17b Date the la | st plan amendment/restatement for the required tax law changes was acchanges and codes). | lopted_ | 22000 - 1 | Enter the | | | | nstructio |
| 17c If the plan | sponsor is an adopter of a pre-approved master and prototype (M&P) or tter, enter the date of that favorable letter | and the I | etter's s | serial number | wanted and motor | | | or |
| 17d If the plan determinat | is an individually-designed plan and received a favorable determination | etter fro | m the II | RS, enter the date of | of the p | olan's last fa | vorable | |
| 18 Is the Plan | maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERI nerican Samoa, Guam, the Commonwealth of the Northern Mariana Islam | SA secti | on 102 e U.S. | 2(i)(2) has been Virgin Islands)? | | res . | No | |
| 19 Were in-se | rvice distributions made during the plan year? | | | | | Yes | No | |
| | nter amount | | | | 19 | | Test 12 (2400)4004 | |
| 20 Were requ | ired minimum distributions made to 5% owners who have attained age 7 required under section 401(a)(9)? | 0 ½ (reg | jardless | s of whether or not | | Yes | No | N/A |
| | | | | | | | | |