	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2009			
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the ode (the Code).	he This Form is Open to Public					
P	ension Benefit Guaranty Corporation	0-SF.	Inspection						
Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information									
For	calendar plan year 2009 or fisca				2/31/2				
Α -	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan			
B -	This return/report is for:	first return/report	final retur	•					
		an amended return/report	i year return/report (less than 12 mc	nths)	_				
C	Check box if filing under:	extension		DFVC program					
		special extension (enter descriptio							
		nation—enter all requested information	ation		46	~			
	Name of plan ENTERPRISES 401(K) PLAN 4				10	Three-digit plan number			
						(PN) ▶ 001			
					1c	Effective date of plan 01/01/1996			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-1385707			
	NEW HAVEN ROAD				2c	Plan sponsor's telephone number 502-348-9241			
	DSTOWN, KY 40004				2d	Business code (see instructions) 236110			
	Plan administrator's name and E CONSTRUCTION CO., INC.	address (if same as Plan sponsor, ei 3016 NEW H			3b	Administrator's EIN 61-1385707			
		BARDSTOW	N, KY 400	04	3c	Administrator's telephone number 502-348-9241			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN			
5a	Total number of participants at	the beginning of the plan year			5a	23			
b		the end of the plan year			5b	20			
C	Total number of participants wi	th account balances as of the end of	f the plan y	ear (defined benefit plans do not	5c	21			
6a	· · · · ·	uring the plan year invested in eligibl				X Yes No			
	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQ					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	39415	0	449392			
b	Total plan liabilities		7b						
С	Net plan assets (subtract line 7	b from line 7a)	7c	39415	0	449392			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei		8a(1)	170					
	() ()		8a(2)	844					
					_				
b	., ,			8283	5				
C	()	8a(2), 8a(3), and 8b)				92993			
d	Benefits paid (including direct i	ollovers and insurance premiums	8d	3775	1				
е	, ,	ive distributions (see instructions)							
f		s (salaries, fees, commissions)							
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)				37751			
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			55242			
j	Transfers to (from) the plan (se	e instructions)	8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2K 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b								
С								
d	• · · · · · · · · · · · · · · · ·							
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 			x				
f				X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No X	
lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th	and e	nter th Day 12b 12c	e date of th	e letter ru Year	uling	
	negative amount in the rize from the amount in the rize. Enter the result (enter a minus sign to the left of a 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 during the plan year or any prior year?					Yes	s 🗙 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 control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			-i		
1	3c(1) Name of plan(s):		13	c (2) El	N(s)	13c(3	8) PN(s)	
						<u> </u>		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/23/2010	LESLIE O'BRYAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service		efit Plan er sections 104 and 4065 of the Employee			2009 This Form is Open to Public				
	Department of Labor Employee Benefits Security Administration	nd section 6058(a) of the								
	Pension Benefit Guaranty Corporation	0-SF.	Inspection							
	Part I Annual Report Id	entification Information								
	r calendar plan year 2009 or fisca		01/01/		n (not multiemployer)		12/31/2009			
	This return/report is for:	first return/report		one-participant plan						
0		an amended return/report		urn/report an year return	/report (less than 12 mo	nthe)				
С	Check box if filing under:	Form 5558	H .	tic extension	heport (less than 12 mo	11015)	DFVC program			
Ŭ		special extension (enter descrip		IIC EXICISION						
P	art II Basic Plan Inform	nation-enter all requested infor								
1a	Name of plan					1b	Three-digit			
	Hite Enterprises 40	l(k) Plan					plan number (PN) ▶ 001			
	401 (k) Plan					1c	Effective date of plan			
							01/01/1996			
2a	Plan sponsor's name and addre Rose Construction C	ss (employer, if for single-employed . , Inc.	er plan)			2b	Employer Identification Number (EIN) 61-1385707			
						2c	Plan sponsor's telephone number			
	3016 New Haven Road						(502)348-9241			
	Bardstown			КY	40004	2d	Business code (see instructions) 236110			
3a		ddress (if same as Plan sponsor,	enter "Sar	ne")	10001	3b	Administrator's EIN			
						30	Administrator's tolophone number			
						36	Administrator's telephone number			
4	If the name and/or EIN of the plan	a sponsor has changed since the I from the last return/report. Spons	last return/i	report filed for	this plan, enter the	4b	4b EIN			
	name, Em, and the plan number	from the last return/report. Spons	sor s name			4c	PN			
5a	a Total number of participants at the beginning of the plan year					5a	23			
b	Total number of participants at the	he end of the plan year				5b	21			
С							21			
6a	Were all of the plan's assets du	ring the plan year invested in eligi	ible assets	? (See instruc	lions.)		X Yes 🗌 No			
b	Are you claiming a waiver of the under 29 CER 2520 104-462 (Se	e annual examination and report on ee instructions on waiver eligibility	of an indepo (and condi	endent qualifie	ed public accountant (IQ	PA)	X Yes No			
		r 6a or 6b, the plan cannot use l								
Pa	rt III Financial Informat			-						
7	Plan Assets and Liabilities			(a) E	Beginning of Year		(b) End of Year			
a b					394,15	.50 449				
		from line 7a)			204 15	140				
8	Income, Expenses, and Transfer			1	394,15 (a) Amount		449,392 (b) Total			
a	Contributions received or receiva			1						
					8,44	9				
h					00 001					
c		(2), 8a(3), and 8b)			82,835		92,993			
d	Benefits paid (including direct rol				37,75		52, 333			
е		e distributions (see instructions)		1	······································					
f		(salaries, fees, commissions)				1				
g										
		, 8f, and 8g)					37,751			
		h from line 8c)					55,242			
	Transfers to (from) the plan (see	instructions)					Farm (100 SE (1000)			

Form 5500-SF 2009

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Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2K 2T 3D					
	racteri	stic Co	des in	the instru	uctions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	les in t	the instru	ctions:
Part V Compliance Questions					
0 During the plan year:		Yes	No		Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C Was the plan covered by a fidelity bond?	10c		Х		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f Has the plan failed to provide any benefit when due under the plan?					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X		
2520.101-3.)	10h		х		
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	101		х	·····	
art VI Pension Funding Compliance	·				
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete S	Schedu	le SB	(Form	Yes 🕅 I
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions.				
granting the waiver	th	and en	ter the Day _	e date of	the letter ruling Year
granting the waiver	th		Day _	e date of t	the letter ruling Year
granting the waiver	th	 [1	Day _ 2b	e date of t	the letter ruling Year
granting the waiver. Mor 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. c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	th of a		Day _	e date of f	the letter ruling Year
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SIGN	Cho I IN Q	9-10-10	CHRIS HITE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Chy LAM	9-10-10	CHRIS HITE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor