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 section 6058(a) of the Internal Revenue Code (the Code).

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.					
		lentification Information								
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009				
Α	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan			
В	This return/report is for:	x first return/report	final retur	n/report		_				
		an amended return/report	short plan	n year return/report (less than 12 mor	nths)					
С	Check box if filing under:	▼ Form 5558	-	extension		DFVC progra	am			
		special extension (enter description	Į.							
Dr	ert II Pacia Blan Inform	nation—enter all requested inform								
	art II Basic Plan Inform	ilation—enter all requested inform	ation		1h	Three-digit				
	JNCH CONSTRUCTION LLC				10	plan number				
0						(PN) •	001			
					1c	Effective date of	of plan			
						01/01/2	2009			
	•	ess (employer, if for single-employer	plan)		2b	Employer Identi				
CLA	JNCH CONSTRUCTION LLC				20	(EIN) 74-306				
624 1	NORTH COLLEGE ST.				20	859-73	telephone number 4-7964			
	RODSBURG, KY 40330				2d		(see instructions)			
						236110)			
	Plan administrator's name and JNCH CONSTRUCTION LLC	address (if same as Plan sponsor, e 624 NORTH			3b	Administrator's				
CLA	JNCH CONSTRUCTION LLC	HARRODSB			30	74-306	telephone number			
					30	859-73	•			
4	f the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN					
	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	DN				
52	Total number of participants of	the beginning of the plan year				PN	28			
			5a							
	· ·	the end of the plan year			5b		28			
С		ith account balances as of the end o			5c		41			
6a	, ,			(See instructions.)			X Yes No			
				ndent qualified public accountant (IQI						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ions.)			X Yes No			
			orm 5500-	SF and must instead use Form 55	00.					
Pa	rt III Financial Informa	ation		T						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year			
а	Total plan assets		. 7a	C)		182267			
b	Total plan liabilities		. 7b							
С	Net plan assets (subtract line 7	7b from line 7a)	7с	C)		182267			
8	Income, Expenses, and Transf			(a) Amount		(b) -	Total			
а	Contributions received or received		. 8a(1)	179230						
	`, ',		1	18826	-					
	, ,)	. 8a(2)	10020	_					
h	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	•		17/65	-					
b	,	0-(0) 0-(0)		17465)		215521			
۲ C		8a(2), 8a(3), and 8b)	. 8c				215521			
d	to provide benefits)	rollovers and insurance premiums	. 8d	33254						
е		tive distributions (see instructions)	. 8e							
f		rs (salaries, fees, commissions)								
g			. 8g							
h	•	8e, 8f, and 8g)					33254			
i		e 8h from line 8c)					182267			
j		ee instructions)								

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2C 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	· · · · · · · · · · · · · · · · · · ·							
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period of OSE 0510 0.4500 (Ose instanting and POLID Volume Fisherica Contributions and POLID Volume Fisherica Contribution Contribution Contribution Contribution Contribution Contribution Contr			X				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) . Were there any nonexempt transactions with any party-in-interest? (Do not include transaction							
D	on line 10a.)			Χ				
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 fidelity bond, that was cause or dishonesty?			X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance insurance service or other organization that provides some or all of the benefits under the plainstructions.)	in? (See		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ				2	25004
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CF 2520.101-3.)	-R		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3							
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructi 5500))					П	′es X	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412					+	'es X	
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	2 01 1110 0000 01 00	011011	02 01 1		Ш	_	J
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year							
	granting the waiver.			Day .		Year _		
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski	-	Г	12b				
	Enter the minimum required contribution for this plan year			12C				
	Enter the amount contributed by the employer to the plan for this plan year			120				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus signegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			١	'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 of the PBGC?	, ,					′es X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	n(s), identify the plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13	c(3) PI	N(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unles	ss reasonable cau	se is	establ	ished.			
Jnde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have exam r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of, it is true, correct, and complete.	mined this return/rep	ort, in	cludin	g, if applica			
SICI	Filed with authorized/valid electronic signature. 10/14/2010 LEE	CLAUNCH						
SIGI HER		ter name of individu	ıal sior	ning as	plan admi	nistrato	or	
			٠ ن	J				

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

M___Claunch_____No Short Form Annual Return/Report of Small Employee Benefit Plan

2009

OMB Nos, 1210-0110 1210-0089

		tions 104 and 4065 of the Employed		2005				
Employee Benefit Security Administration Internal	Administration Internal Revenue Code (the Code). This Form is Open to Pul							
Complete all entries in acco	rdance with	the instructions to the Form 5500	SF.					
Part Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning	01/01/20	000		12/31/2009				
F	~1							
A material meport is loc.	╡ '	nployer plan (not multiemployer)		one-participant plan				
B This return/report is for:	final return	/report						
an amended return/report	short plan	year return/report (less than 12 mor	iths)					
C Check box if filing under:	automatic	extension		DFVC program				
special extension (enter descript	tion)							
Part II Basic Plan Information—enter all requested infor	metion							
1a Name of plan			1b	Three-digit				
CLAUNCH CONSTRUCTION LLC				plan number				
			4 _	(PN) 001				
			16	Effective date of plan 01/01/2009				
2a Plan sponsor's name and address (employer, if for single-employer	er plan)		2h	Employer Identification Number	····			
2a CLAUNCH CONSTRUCTION LLC	er letoury			(EIN) 74-3062339				
			2c	Plan sponsor's telephone numb	er			
624 NORTH COLLEGE ST.				(859)734-7964				
HARRODSBURG		KY 40330	20	Business code (see instructions 236110)			
3a Plan administrator's name and address (if same as Plan sponsor,	enter "Same		3b	Administrator's EIN				
SAME	omo, camo	,		The transfer of Little				
			3с	Administrator's telephone numb	er			
	 	- 15 15 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
4 if the name and/or EiN of the plan sponsor has changed since the name, EiN, and the plan number from the last return/report. Spons		oort filed for this plan, enter the	4b	EN				
tioning, and the proof to the time to the			4c	₽N				
5a Total number of participants at the beginning of the plan yeer	,,,,		5a		28			
b Total number of participants at the end of the plan year			5b		28			
C Total number of participants with account balances as of the end	of the plan v	sar (defined benefit plans do not						
complete this item)			5c		41			
6a Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)	*******	X Yes 🔲	No			
b Are you claiming a waiver of the annual examination and report				X Yes	Nο			
under 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use				Yes	ND			
Part II Financial Information	FUND 3300-	or and must instead use roini oo						
7 Plan Assets and Liabilities	"" ""	(a) Beginning of Year		(b) End of Year				
	70	(a) Dagming or rear	0	182,	267			
,	· · · · · · · · · · · · · · · · · · ·		Ť	* A. A. L.				
D Total plan liebilities			o	182,	267			
	7ç	/ \	4		201			
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	╫	(b) Total				
a Contributions received of receivable from. (1) Employers	8a(1)	179,23	:o -					
(2) Participants	- 1- 1-	18,82	6		•			
(3) Others (including rollovers)		······································			•			
b Other income (iass)		17,46	5.5					
			+	215,	•			
d Benefits paid (including direct rollovers and insurance premiums	O F		+		521			
to provide benefits)		33,25	: 41		521			
	8d		, =		521			
 Certain deemed and/or corrective distributions (see instructions). 		**************************************	, 4		521			
 Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions) 	8e	2717	, <u></u>		521			
f Administrative service providers (salaries, fees, commissions)	8e	* *** ****	, -		521			
f Administrative service providers (salaries, fees, commissions) g Other expenses	8e 8f Bg	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	33,				
f Administrative service providers (salaries, fees, commissions)	8e 8f 8g 8h	·	-	33, 182,	254			

VVCC LV V I I I I V I V I V I V I V V			110	, ZT/U	11
	Form 5500-\$F 2009 Page 2-				
Par	t IV Plan Characteristics	_			
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl 2C 3D	naracteri	stic Co	des in the	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	tic Co	des in the	instructions:
Part	V Compliance Questions				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		х	
b				х	,,
C	Was the plan covered by a fidelity bond?	1Dc		x	
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by freu or dishonesty?	d 10d	ļ	х	 -
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 falled to provide any benefit when due under the plan?	10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х		25,0
Ł		— 	 	 	

		1.00						
C	Was the plan covered by a fidelity bond?	1Dc		х				
d	or dishonesty?	10d		х			•	
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		х				
f	Has the plan falled to provide any benefit when due under the plan?	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				25	,004
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			:	
j	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				:		
Pari	VI Pension Funding Compliance			·	••••			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	iplete :	Sched	iule SE	(Form	П	Yes [X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					П	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_		_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions, ith	and e	anter th Day	e date of	the le Yes	tter rußn r	g
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			,		1 40	· ——	
b	Enter the minimum required contribution for this plan yeer		[12b				
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 negative amount)	of a	[12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			******	Yes	1	10 X	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	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		<u>.</u>	13a				
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the c	ontrol	l		Yes	X No
C	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.)	he plai	n(s) to)				
	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3) F	N(s)
				,-, <u></u> ,				- (-/-/
		Í						
		1				- 1		

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	COL.		LEE CLAUNCH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Co Class		LEE CLAUNCH
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor