Form 5500-SF Short Form Annual Retu				Report of Small Employ Plan	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	0	2010								
Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employ           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).						e This Form is Open to Publi					
Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF.											
	Part I Annual Report Identification Information										
_	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010			2/31/2		—				
	This return/report is for:		•	mployer plan (not multiemployer)		one-participant plan					
в	This return/report is for:	first return/report	final return	·							
•		an amended return/report		year return/report (less than 12 mo	ntns)						
C	Check box if filing under:	Form 5558		extension		DFVC program					
De	vet II - Decie Dien Inform	special extension (enter descriptio									
	ITT II Basic Plan Inform	nation—enter all requested informa	ation		1b	Three-digit					
	ENTERPRISES 401(K) PLAN	401 (K) PLAN				plan number 001					
						(PN) ►					
					1c	Effective date of plan 01/01/1996					
	Plan sponsor's name and addre E CONSTRUCTION CO., INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 61-1385707					
3016	NEW HAVEN ROAD				2c	Plan sponsor's telephone number 502-348-9241					
BARI	DSTOWN, KY 40004				2d	Business code (see instructions) 236110					
3a ROS	Plan administrator's name and E CONSTRUCTION CO., INC.	address (if same as Plan sponsor, er 3016 NEW H	nter "Same	2") AD	3b	Administrator's EIN 61-1385707					
BARDSTOWN, KY 40004						C 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		4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a	21					
b	Total number of participants at	the end of the plan year			5b	12	2				
С	· · ·	th account balances as of the end of		· ·	5c	12	2				
6a	1 /	uring the plan year invested in eligibl				Yes No	0				
-	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQ	PA)						
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				Yes No	С				
Pa	rt III Financial Informa		500-	or and must instead use rorm 55	00.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	449392	2	242875	5				
b	Total plan liabilities		7b								
C	Net plan assets (subtract line 7	b from line 7a)	7c	449392	2	242875	; 				
8	Income, Expenses, and Transf			(a) Amount		(b) Total	_				
а	Contributions received or recei	vable from:	8a(1)								
			8a(2)								
		l	8a(3)								
b			8b	29634	1						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			29634	ŧ				
d		ollovers and insurance premiums	8d	236151	1						
е	· ,	ive distributions (see instructions)	8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f								
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			236151					
i	Net income (loss) (subtract line	8h from line 8c)	8i			-206517	<u>'</u>				
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.

## 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 2J 2K 2T 3D
  - 2E 2F 2G 2J 2K 21 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	Α	mount		
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)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	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?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
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
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?	Yes	X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 letter ruling granting the waiver							_
lf y	ou 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			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		L	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N	I/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			13a				
b	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):					N(s)	13c(3	) PN(	(s)
Caut	on: A nenalty for the late or incomplete filing of this return/report will be assessed unless reasonable	الدي ما	iso is i	ostabli	shed			

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.	10/11/2011	CHRIS HITE		
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		

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		eturn/F Senefit	Report of Small Employ	'8e		)MB Nos. 1210-0110 1210-0089			
			010						
 8	Denstimant of Labor De Retirement Income Security A	tions 104 and 4065 of the Employed (ERISA), and section 6058(a) of the Code (the Code).	on 6058(a) of the This Form is Open to P						
. P	Ansien Benett Guaranty Corporation > Complete all entries in accord	dance with	the instructions to the Form 5500	-SF.	כת	pection			
	artis Annual Report Identification Information					· · · · · ·			
For		01/01/2			<u>12/31/2010</u>				
	This return/report is for: X single-employer plan	-	mployer plan (not multiemployer)		one-participa	nî pian			
8	Ynis return/report is for:	final return		اه ماله					
-	an amended return/report	•	year return/report (less than 12 mor	nns)		- 			
C	Check box if filing under: X Form \$558		extension ,		DFVC progra				
17.00	special extension (enter duscription)		,	<u></u>					
	Information-enter all requested inform	aton	•	1b	Three-digit	·			
10	Name of plan HITE ENTERPRISES 401(K) PLAN 401 (K) PLA	N	,		plan number				
					(PN) 🕨	001			
		·	•	1c	Effective date of	•			
20	the second series with the target of the shafe one lower	alon)	-	25	01/01/299 Employer Identit				
۲đ	Plan sponsor's name and address (employer, if for single-employer ROSE CONSTRUCTION CO., INC.	premy			(EIN) 61-138				
	3016 NEW HAVEN ROAD		. ,	2c		isisphone number			
	3010 MEW INVIN KOAD			24	502-348-9	(see instructions)			
	BARDSTOWN KY 40004				236110				
3a	Plan administrator's name and address (if same as Plan sponsor, a ROSE CONSTRUCTION CO., INC.	nter "Same	רי	, <u> </u>	Administrator's 61-138570	7			
	3016 NEW HAVEN ROAD		· .·	30		telephone number			
	BARDSTOWN KY 40004 If the name and/or EIN of the plan sponsor has changed since the la				502-348-9241				
4	name, ElN, and the plan number from the last return/report. Sponso	at reionne X's name	- hottillen int nas bisul otkel uie						
			N MA.14	_	PN				
	Total number of participants at the beginning of the plan year	11-79.513940		<u>6a</u>					
					1				
	Total number of participants at the and of the plan year			5b					
с 	Total number of participants with account balances as of the and o complete this item)	f the plan y	ear (defined benefit plans do not	5c		12			
с 6а	Total number of participents with account balances as of the and o complete this item)	f the plan y	ear (defined benefit plans do not (Sea Instructions.)	5c	·····				
с 	Total number of participents with account balances as of the end o complete this item)	f the plan y le assets? an indeper and condit	ear (defined benefit plans do not (See Instructions.) (dent qualified public accountant (IQ ons.)	5c PA)		12			
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C Ga b	Total number of participents with account balances as of the and o complete this item)	f the plan y le assets? an indeper and condit orm 5500	ear (defined benefit plans do not (Sea Instructions.) Ident qualified public accountant (IQ Ions.) SF and must instead use Form 55	5c PA)		12 🕅 Yes 🗌 No 🖾 Yes 🗍 No			
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	Farm 5500-\$F 2010	P	age 2-	<b>.</b>			
Pa	TIV Plan Characteristics						
9a		sture codes from the	List of Plan Charac	teristic Co	des in	ine instructio	4 <b>15</b> :
þ	2E 2F 2G 2J 2K 2T 3D if the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the	List of Plan Charact	eristic Co	des in t	he instruction	15:
D	V Compliance Questions					•	
<u>::::ar</u> 10	During the plan year:	······································		Yes	Na	Δ	mount
	Wes there a failure to transmit to the plan any participant contributio	ns within the time of	niod described in [	105	x		IN MINISTER
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Progr	am)	Da	<u> </u>		
þ	Were there any nonexempt transactions with any party-in-interest? ( on line 10a.)	Do not include trans	actions reported	10b	x		
c	Was the plan covered by a fidelity bond?	#F3## 101.01   10 M(51   1011   117	······································	(9≃	x		-
đ	Did the plan have a loss, whether or not reinbursed by the plan's flo or dishonesty?	leilty bond, that was	caused by fraud	10d	x		
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of t instructions.)	he benefits under th	e plan? (See	t0e	x		
f	Has the plan failed to provide any benefit when due under the plan?			tof	x		
q	Did the plan have any participant loans? (If "Yes." enter amount as a		-	lûg	x		·····
	If this is an individual account plan, was there a blackout period? (S- 2520.101-3.)	e instructions and 2	9 CFR	10h	x		
ī	If 10h was answered "Yes." check the box if you either provided the	required notice or o	no of the	105			
	exceptions to providing the notice applied under 29 CFR 2520,101-3	7 ************************************		100 1	<u> </u>	<u>(2017)5555932768</u>	n estela da an internation
11	Is this a defined benefit plan subject to minimum funding requirement	te? (1 "Ves " see im	inverions and comp	lete Sche	dute SS	(Form	
	5500)):				*********		Yes No Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applice) If a waiver of the minimum funding standard for a prior year is being granting the walver. you completed line 12a, complete lines 3, 9, and 10 of Schedule I Enter the minimum required contribution for this plan year	amortized in this pla VB (Form 5500), an		<u>ـــــٰـــــــــــــــــــــــــــــــ</u>	enter ti Day 12b	ie date of the	+ letter rufing /ear
	Enter the amount contributed by the employer to the plan for this pla		•	1	'12c	•	
	Subtract the amount in line 12c from the amount in line 12b, Enter the negative amount)	e result (enter a mir	tus sign to the left o	la 🛔	' 12d		
e	Will the minimum funding amount reported on fine 12d be met by the				mites	Yes	No N/A
a cherry fo	MI Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior Ve	ar?				Yes X No
	If "Yes." enter the amount of any plan assets that revented to the am	F F			138		Λ
þ	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?	ransferred to anothe	r plan, or brought u	nder the C			Yes 🗶 No
°	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identity th	e plan(s) t	0		· ·
·	3c(1) Name of plan(s):		<u></u>	1:	3c:(2) E	IN(s)	13c(3) PN(s)
	· · · ·	•					
·. ··.	· · · · · · · · · · · · · · · · · · ·	f <del></del>				·····	<u> </u>
Čauł	ion: A penalty for the late or incomplete filing of this return/ropo	rt will be assessed	uniess razsonabl	a cause i	i estab	lished.	<u>.                                    </u>
Unde SB a	r penalties of perjury and other penalties set forth in the instructions, - Schedule MB completed and signed by an enrolled actuary, as well -/ It is jug_correct, and complete.	declare that   have	examined this retur	n/report. <sup>1</sup>	includir	ic, if applical	ile, z Schedulc nowiedge an <b>d</b>
-,6#,5#   S  G		10-11-11	Chris Hite			r	
HER		Date	Enter name of its	lividual si	gning a	s plan admir	ulstrator
SIG		10-11-11	Chris Hite				
HER	Signature of employer/plan sponsor	Date	Enter name of in	jividual si	gning a	s employer (	or pla <u>n spórisó</u> r