R			eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089			
				ctions 104 and 4065 of the Employee	2011			
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).	f This Form is Open to Public			
P	ension Benefit Guaranty Corporation)-SF.	Inspection					
		entification Information						
For	calendar plan year 2011 or fisca				2/31/2			
Α -	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
B -	This return/report is:	the first return/report	the final r	eturn/report				
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
		special extension (enter descriptio						
		nation—enter all requested information	ation					
	Name of plan				1b	Three-digit plan number		
BRAN	NTINGHAM BUILDERS, INC. PI	ROFIT SHARING PLAN				(PN) ▶ 001		
					1c	Effective date of plan		
						01/01/1989		
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 61-0943001		
PO B	OX 2171				2c	Sponsor's telephone number 270-765-5045		
	ABETHTOWN, KY 42701				Business code (see instructions) 236110			
	Plan administrator's name and ITINGHAM BUILDERS, INC.	address (if same as plan sponsor, er PO BOX 2171			3b Administrator's EIN 61-0943001			
		ELIZABETHT	OWN, KY	42701	3c	Administrator's telephone number 270-765-5045		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name				4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	3		
b Total number of participants at the end of the plan year					5b	3		
C	Number of participants with accomplete this item)			5c	3			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No		
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ndent qualified public accountant (IQF ions.)		 X Yes No		
D-			orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year 123428		(b) End of Year 134687		
a b	•		7a 7b	120+20		101007		
b C		b from line 7a)	7b 7c	123428		134687		
8	Income, Expenses, and Transf	,	70	(a) Amount		(b) Total		
a	Contributions received or recei							
			8a(1)		_			
	(2) Participants		8a(2)					
	(3) Others (including rollovers))	8a(3)		_			
b	· · · ·		8b	12119				
C		8a(2), 8a(3), and 8b)	8c		_	12119		
d		ollovers and insurance premiums	8d					
е	· ,	ive distributions (see instructions)	8e					
f		s (salaries, fees, commissions)	8f	860				
g	· ·		8g					
h	•	3e, 8f, and 8g)	8h			860		
i		e 8h from line 8c)	8i			11259		
j	Transfers to (from) the plan (se	ee instructions)	8j					

Page 2 - 1

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
- **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:						Amo	unt	
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)				Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				Х				
С	Was the plan covered by a fidelity bond?								
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е									
f	Ha	s 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.)	10g	Х					11495
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х				
Part	VI	Pension Funding Compliance							
11									
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а									
lf y	/ou (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			-		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No		
 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) 13c(3) PN(s)			PN(s)	
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Unde	r pei	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	oort, in	cludin	g, if app	licable,	a Sche	dule

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.	07/01/2012	PAUL BRANTINGHAM				
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 Short Form Annual Return/Report of Small Benefit Plan			Small En	nplo	yee	OMB Nos. 1210-011 1210-008			
Internal Revenue Service This form is required to be filed under sections 104 and)11	-0009			
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections of the Internal Revenue Code (the Code).			ctions 605 ode).	7(b) a	and 6058(a)	This Form is Open			
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to					e Foi	rm 5500-SF.	to Public Inspection		
Part	I Annual Repo	rt Identification Information							
or cal	lendar plan year 2011 or fi		<u> </u>	ar	id en	ding <u>1</u> 2	2/31/20	11	
	his return/report is for:				not multiemployer) 📋 a one-participant plan				
I TI	his return/report is:	the first return/report the final re	•						
			•		(less	than 12 month			
C	heck box if filing under:	Special extension (enter description)	extension	I			DFVC progra	1.5	
Part	II Basic Plan In	formation - enter all requested information							
	lame of plan				1b	Three-digit			
	•	DERS, INC. PROFIT SHARING	B PLAN	v		plan number (F	PN)	001	L
					1c	Effective date 0 01/01	of plan 1/1989		
a P	lan sponsor's name and addr	ess; include room or suite number (employer, if for sing	le-employe	r plan)	2b	Employer Iden		ber (EIN)	
	NTINGHAM BUIL						943001		
_						Sponsor's tele		r	
0	BOX 2171					-765-50			
יד די	◸◗◻▱ਗ਼ਸ਼ਗ਼∩ਸ਼ਸ਼	KY 42701			2d Business code (see instructions)				
	ZABETHTOWN	AI 42701 and address (if same as plan sponsor, enter "San			236110 3b Administrator's EIN				
AM			,						
				ſ	3c	Administrator's	s telephone n	umber	
		plan sponsor has changed since the last return/r	eport filed	for this	4b	EIN			
		d the plan number from the last return/report.		-					
a s	ponsor's name				4c	PN			
ат	otal number of participant	s at the beginning of the plan year			5a	1	3		
		ts at the end of the plan year			5b		3		
-		h account balances as of the end of the plan year							
	enefit plans do not compl	-			5c		3		
a v	Vere all of the plan's asset	s during the plan year invested in eligible assets?	(See instr	uctions.)			X	res [No
bΑ	are you claiming a waiver o	of the annual examination and report of an indepe	ndent qua	lified publ	ic acc	countant		ſ	٦.
		.104-46? (See instructions on waiver eligibility and					X	res [_ No
		either 6a or 6b, the plan cannot use Form 5500-	SF and m	ust instea	nd us	e Form 5500.			
	Plan Assets and Liabilities			(a) Be	ainni	ng of Year	(b) En	d of Yea	r
Part			7a			23,428			,687
Part P					*				•
Part P a T		• • • • • • • • • • • • • • • • • • • •				00 400		134	,687
Part P a T b T	iel plan assels (subtract il	ne 7b from line 7a)	7c		1	.23,428			
Part P a T b T c N	ncome, Expenses, and Tra	ne 7b from line 7a) ansfers for this Plan Year	7c	(;		.23,428 nount	(b)	Total	
Part P a T b T c N		ansfers for this Plan Year	7c	(;			(b)	Total	
Part a T b T c N i Ir a C	ncome, Expenses, and Tra Contributions received or r	ansfers for this Plan Year		(;			(b)	Total	
Part P a T b T c N Ir a C (1 (2	ncome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants	ansfers for this Plan Year eceivable from:	<u>8a(1)</u> <u>8a(2)</u>	(;			(b)	Total	
Part Pa T b T c N ir a C (1 (2 (3)	ncome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove	ansfers for this Plan Year eceivable from: ers)	<u>8a(1)</u> <u>8a(2)</u> <u>8a(3)</u>	(nount	(b)	Total	
Part a T b T c N fr a C (1 (2 (3 b C	ncome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove Other income (loss)	ansfers for this Plan Year eceivable from: ers) SEE STATEMENT 1	<u>8a(1)</u> <u>8a(2)</u> <u>8a(3)</u> <u>8b</u>	(;			(b)		
Part P a Tr b Tr c N a (1) (2) (3) b Tr (2) (3) C Tr	Acome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove Other income (loss) Fotal income (add lines 8a(ansfers for this Plan Year eceivable from: ers) SEE STATEMENT 1 (1), 8a(2), 8a(3), and 8b)	8a(1) 8a(2) 8a(3) 8b 8c	(;		nount	(b)		,119
Part P a T T b T T c N T d C N (11) (2) (3) (2) C T (2) C T (2) C T (2) C T	Acome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove 2) Other income (loss) 5) Other income (add lines 8a(6) enefits paid (including direct	ansfers for this Plan Year eceivable from: ers) SEE STATEMENT 1 1), 8a(2), 8a(3), and 8b) rollovers and insurance premiums to provide benefits)	8a(1) 8a(2) 8a(3) 8b 8c 8d	(;		nount	(b)		,119
Part Part Part P a Tr b Tr c N b Tr c N a C (1) (2) (2) (3) b C Tr (2) (3) C th C	Acome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove Other income (loss) Total income (add lines 8a(enefits paid (including direct Certain deemed and/or cor	ansfers for this Plan Year eceivable from: SEE STATEMENT 1 1), 8a(2), 8a(3), and 8b) rollovers and insurance premiums to provide benefits) rective distributions (see instructions)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(;		12,119		12	<u>,119</u> 2
Part P a Tr b Tr c N c N d Irradian (2) d B c Tr d B c Tr d B e C f A	Acome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove Other income (loss) Total income (add lines 8a(enefits paid (including direct Certain deemed and/or con Administrative service prov	ansfers for this Plan Year eceivable from: SEE STATEMENT 1 1), 8a(2), 8a(3), and 8b) rollovers and insurance premiums to provide benefits) rective distributions (see instructions) riders (salaries, fees, commissions)	8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8d 8e 8f	(;		nount	(b)	12	_
Part P a T T b T N c N Irr a C (1) (2) G T b C T d B C d B C f A C	Acome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove Other income (loss) Total income (add lines 8a(enefits paid (including direct Certain deemed and/or cor Administrative service prov Other expenses	ansfers for this Plan Year eceivable from: SEE STATEMENT 1 1), 8a(2), 8a(3), and 8b) rollovers and insurance premiums to provide benefits) rective distributions (see instructions) riders (salaries, fees, commissions)	8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8c 8d 8c 8d 8e 8f 8g	(;		12,119		12	_
Part Part 7 P a T b T c N r C12 (2) (3) b C d B c C d B e C f A g C h T	Acome, Expenses, and Tra Contributions received or r 1) Employers 2) Participants 3) Others (including rollove Other income (loss) fotal income (add lines 8a(enefits paid (including direct Certain deemed and/or cor Administrative service prov Other expenses fotal expenses (add lines 8	ansfers for this Plan Year eceivable from: SEE STATEMENT 1 1), 8a(2), 8a(3), and 8b) rollovers and insurance premiums to provide benefits) rective distributions (see instructions) riders (salaries, fees, commissions)	8a(1) 8a(2) 8b 8b 8c 8c 8d 8c 8d 8c 8d 8c 8d 8d 8e 8f 8g 8h	(;		12,119		<u>12</u> 1ENT	2

1

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 118571 11-15-11

1

Enter name of individual signing as employer or plan sponsor

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

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

Par	t V Compliance Questions					
	During the plan year:		Yes	No	Amount	
	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		X		
	Were there any nonexempt transactions with any party-in-interest? (Do not include					
	transactions reported on line 10a.)	10b		X		
	Was the plan covered by a fidelity bond?			X		
	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		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance	ce 🛛				
	carrier, insurance service or other organization that provides some or all of the benefits under					
	the plan? (See instructions.)			X		
f	Has the plan failed to provide any benefit when due under the plan?			X		
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X		1:	1, <u>495</u>
_	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		X		
Par	t VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru	uctions and	comp	lete		-
	Schedule SB (Form 5500))		<u></u>		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 4	412 of the (Code c	or		
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated					X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan y	vear, see ins	structio	ons, and	enter the date of t	he letter
	ruling granting the waiver. Month			у	Year	<u> </u>
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sh	kip to line	13.	(
b	Enter the minimum required contribution for this plan year			12b		
C	Enter the amount contributed by the employer to the plan for this plan year			12c	<u> </u>	
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)			12d		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	·····	<u></u>	. Yes	No	<u>N/A</u>
Par	t VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	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 p	olan, or brou	ught		Π.,	F7
	under the control of the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another pla	an(s), identi	ify the	plan(s) to	o which assets or	
	liabilities were transferred. (See instructions.)	1				
1;	3c(1) Name of plan(s):		13c(2	EIN(s)	13c(3)	2IN(S)
					t-t-liabad	
_	tion: A penalty for the late or incomplete filing of this return/report will be assessed un					
Under p signed	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, includin by an enrolled actuary as well as the electronic version of this return/report, and to the best of my knowledge and belief, it	ng, if applicabl is true, correct	e, a Sch , and co	edule SB or mplete.	Schedule MB completed	and
SIG				\sim		
HER	F CT DITZUIZ FAUL BRA	NTING	IAM		Iminiatrator	
L	E Signature of plan administrator Date Enter name of in	enviduation	ping a	s plan ad	ministrator	
SIG	N 112/12 /12					

Date

Signature of employer/plan sponsor

HERE