	Form 5500-SF		eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	2011			
-	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 the Internal Revenue Code (the Code).							
P	ension Benefit Guaranty Corporation		dance with	h the instructions to the Form 5500	)-SF.	113	pection	
		entification Information		and and in a	0/04/	2044		
	calendar plan year 2011 or fisca	al plan year beginning 01/01/201			2/31/2			
	This return/report is for:		•	e-employer plan (not multiemployer)		a one-partici	bant plan	
В	This return/report is:	the first return/report		eturn/report				
-				an year return/report (less than 12 mc	onths)	—		
C	Check box if filing under:	Form 5558		extension		DFVC progra	m	
D		special extension (enter descriptio						
		nation—enter all requested informa	ation		1h	Three-digit		
	Name of plan ENTERPRISES 401(K) PLAN 4	101 (K) PLAN			10	plan number		
						(PN) 🕨	001	
					1c	Effective date o	•	
2a	Plan sponsor's name and addre	ess; include room or suite number (er	mplover if	for a single-employer plan)	2h	01/01 Employer Identi		
	E CONSTRUCTION CO., INC.		npioyer, ii	ior a single-employer plan	20	(EIN) 61-13		
					2c	Sponsor's telep		
	NEW HAVEN ROAD DSTOWN, KY 40004				2d	Business code ( 23611		
	Plan administrator's name and CONSTRUCTION CO., INC.	address (if same as plan sponsor, er 3016 NEW H/			3b	Administrator's	-	
	,	BARDSTOW			3c	Administrator's 502-348	elephone number 3-9241	
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
2	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DN		
		the beginning of the plan year			5a		12	
<b>b</b> Total number of participants at the end of the plan year					5a 5b		0	
<ul><li>C Number of participants with account balances as of the end of the p</li></ul>					30			
					5c		0	
6a				(See instructions.)			X Yes 🗌 No	
b				ndent qualified public accountant (IQF ions.)			X Yes 🗌 No	
		0,		SF and must instead use Form 550				
Pa	rt III Financial Informa	ation		Γ				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
a	•		7a	242875			0	
b	•		7b	242875			0	
<u> </u>	•	'b from line 7a)	7c			(1) 7		
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) 1	otai	
u			8a(1)	0				
	(2) Participants		8a(2)	0	_			
	(3) Others (including rollovers)		8a(3)		_			
b	· · · ·		8b	3247			00.47	
ے اب		8a(2), 8a(3), and 8b)	8c		_		3247	
d		ollovers and insurance premiums	8d	246122				
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				246122	
i	( )(	8h from line 8c)	8i				-242875	
j	Transfers to (from) the plan (se	ee 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 2J 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:				No	A	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х			
С	Was	s the plan covered by a fidelity bond?	10c		Х			
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
e	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes No	
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No	
	(If "Y	es," 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 co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Ente	r the minimum required contribution for this plan year			12b			
		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?	·····		X	res No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			6041	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?							X Yes 🗌 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.)								
1	3c(1)	Name of plan(s):		13	<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s			
Cauti	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		

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.	07/31/2012	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

SMITH & COMPANY CPAS

Form 5500-SF	Popofit Plan								
Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employee	,	2011				
Department of Labor Employee Benefits Security Administration	(a) of	This Form is Open to Public Inspection							
Pension Benefit Guaranty Corporation		dance wit	n the instructions to the Form 5500	)-SF.					
Part Annual Report I For calendar plan year 2011 or fise	dentification Information	01/01/2	2011 and ending		12/31/2011				
-	a single-employer plan		employer plan (not multiemployer)		a one-participant plan				
A This return/report is for: B This return/report is:	the first return/report	,	etum/report	I					
D This return/report is:	an amended return/report		n year return/report (less than 12 mo	(adte)					
Charle from 2 Class Andrea	Form 5558		extension	n nu isy j	DFVC program				
C Check box if filing under:	Special extension (enter description	,	Extension	i					
Part II Basic Plan Infor	mation-enter all requested inform	, ,							
1a Name of plan	matron-enter au requested mitorr	ation		16	Three-digit				
•	(K) PLAN 401 (K) PLAN				plan number (PN) 001				
					Effective date of plan 01/01/1996				
	ress; include room or suite number (e	mployer, if	for a single-employer plan)		Employer Identification Number				
ROSE CONSTRUCTION CO	., INC.				(EIN) 61-1385707				
3016 NEW HAVEN ROAD					Sponsor's telephone number				
					502-348-9241 Business code (see instructions)				
BARDSTOWN	KY 40004				236110				
3a Plan administrator's name and ROSE CONSTRUCTION CO	i address (if same as plan sponsor, e . , INC.	nter "Same	<sup>י</sup> )	3b	Administrator's EIN 61-1385707				
3016 NEW HAVEN ROAD					Administrator's telephone number				
BARDSTOWN 4 If the name and/or FiN of the	KY 40004	المحدر والمحدر المحدر	encert Clout fee this plan, anton the		502-348-9241				
	plan sponsor has changed since the ber from the last return/report.	192(16(611))	report nied for this piert, enter the	4b	EIN				
a Sponsor's name				4c	PN				
5a Total number of participants at the beginning of the plan year				5a	12				
b Total number of participants a	it the end of the plan year			5b	0				
complete this item)	count balances as of the end of the			5c	0				
	during the plan year invested in eligit				X Yes No				
	the annual examination and report of (See instructions on waiver eligibility								
If you answered "No" to eit	her 6a or 6b, the plan cannot use F								
Part III Financial Inform	ation	1							
7 Plan Assets and Liabilities		· · ·	(a) Beginning of Year	_	(b) End of Year				
_		· · · · · · · · · · · · · · · · · · ·	24287	5	0				
	7b from line 7a)	. 7c	24287	<u> </u>	0				
<ul> <li>8 Income, Expenses, and Trans</li> <li>a Contributions received or received</li> </ul>			(a) Amount	+	(b) Total				
	214909 - COUL	. 8a(1)		0					
(2) Participants		. <u>8a(2)</u>		0					
(3) Others (including rolloven	\$},	. 8a(3)							
			324	7	······································				
	, 8a(2), 8a(3), and 8b)	. <u>8c</u>			3247				
	rollovers and insurance premiums	. 8d	24612	2	,				
	tive distributions (see instructions)			1					
	ers (salaries, fees, commissions)			1					
h Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			246122				
	e 8h from líne 8c)		,,		-242875				
	ee instructions)	. Luna 22.			·				
For Paperwork Reduction Act Notice and C	MB Control Numbers, see the Instructions for	• ronn 6500-S	N.		Form 5500-SF (2011) v.012811				

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	Form 5500-SF 2011	Page 2 -									
Pa	t.IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension feature	e codes from the	List of F	lan Characte	ristic Co	odes in	the Instruc	tions:			
Ь	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature	codes from the L	list of Pla	an Character	istic Coc	les in ti	he instruct	ions:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
	Was there a failure to transmit to the plan any participant contributions w 29 CFR 2510.3-102? (See instructions and OOL's Voluntary Fiduciary (	Correction Progra	am)	110	a 📃	x					
b	Were there any nonexempt transactions with any party-in-interest? (Do I on line 10a.)	not include trans	actions r	eported 10	Þ	x					
¢	Was the plan covered by a fidelity bond?				c	X					
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishanesty?				d	x					
e	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the b instructions.)	enetits under the	e pian? (	See	e	x					
f	Has the plan failed to provide any benefit when due under the plan?			10	f	x					
9	Did the plan have any participant loans? (If "Yes," enter amount as of ye			19	g	x					
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)				h	x		• •			
i	If 10h was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3				ı .		• .		:		
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? ( 5500))	(If "Yes," see ins	tructions	and complet	e Scheo	lule SE	i (Form	П	Yeş [	No No	
12	Is this a defined contribution plan subject to the minimum funding requin								Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is being amo granting the waiver.										
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (										
, þ	b Enter the minimum required contribution for this plan year					125					
ç						12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re- negative amount)	suit (enter a min	us sign t	o the left of a		12d					
-	Will the minimum funding amount reported on line 12d be met by the fun	ding deadline?					Yes	N	<u>•   </u>	N/A	
Part		·			<b></b> ,	<u> </u>	·			<u></u>	
13a	Has a resolution to terminate the plan been adopted in any plan year?					XY	res N	<b>Q</b>			
	If "Yes," enter the amount of any plan assets that reverted to the employed									6041	
	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?			*** ******		\$13374		X	Yes	No	
	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s),	identity the p	lan(s) 10	)					
	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) P				PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report wi	ll be assessed i	unless r	easonable c	ause is	establ	ished	- 1			
SB of	r penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as th , it is true, correct, and complete.										
SIG	. Ch 2 the	1-26-12	Chris	Hite							
HER					ndividual signing as plan administrator						
1 11012											
Sigi	CAR hhn 7	26-17		Hite							