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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number CLAUNCH CONSTRUCTION LLC (PN) ▶ 001 1c Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CLAUNCH CONSTRUCTION LLC 74-3062339 (EIN) 2c Sponsor's telephone number 859-734-7964 624 NORTH COLLEGE ST. HARRODSBURG, KY 40330 2d Business code (see instructions) 236110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 624 NORTH COLLEGE ST. CLAUNCH CONSTRUCTION LLC HARRODSBURG, KY 40330 3c Administrator's telephone number 859-734-7964 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 31 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 26 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 287370 238588 Total plan assets..... 7a n 7b Total plan liabilities..... 287370 238588 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 141955 8a(1) (1) Employers 1816 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -1810 **b** Other income (loss)..... 8b 141961 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 190743 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 190743 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -48782 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2C 3D 2G 2J 2E
 - 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		Amour	nt	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		Χ				
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				
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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				2	26448
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						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Пү	es >	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					X	'es	No
	(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 instrugranting the waiver. Mon	th						
_ '	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			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							
	negative amount)			12d				0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
l3a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		Y	es X N	0		
	If "Yes," 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 of the PBGC?	under	the co	ntrol		Y	′es >	No
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.)	he plai	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) Ell	N(s)	130	c(3) P	N(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
ВВ о	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returnated the summary of the							

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	TODD WETZEL
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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Bené®s Sécurity 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

• Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

<u>For </u> €	rt I Annual Report Identification Information			14.75.170.011					
	The state of the s	1/01/2	011 and ending	12/31/2011					
Αĩ	his return/report is for: X a single-employer plan	a multiple	employer plan (not multlemployer)	a one-participant plan					
Вт	his return/report is: the first return/report	the first return/report the final return/report							
	an amended return/report	a short pla	n year retum/report (less than 12 mo	nths)					
C	Check box if filing under: X Form 5558	automatic	extension	DFVC program					
	special extension (enter description	on)							
Pa	rt If Basic Plan Information—enter all requested inform	ation							
1a	Name of plan			1b Three-digit					
•	CLAUNCH CONSTRUCTION LLC			plan number (PN) > 001					
				1c Effective date of plan					
				01/01/2009					
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b Employer Identification Number					
1	CLAUNCH CONSTRUCTION LLC			(EIN) 74-3062339					
				2c Sponsor's telephone number (859) 734-7964					
	624 NORTH COLLEGE ST.			2d Business code (see instructions)					
	HARRODSBURG		KY 40330	236110					
	Plan administrator's name and address (if same as plan sponsor, e	nte <i>r</i> "Same		3b Administrator's EIN					
	SAME		·						
				3c Administrator's telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the	last return/r	eport filed for this plan, enter the	4b EiN					
•	name, EIN, and the plan number from the last return/report.	,	,	-130 -121					
	Sponsor's name			4C PN					
	Total number of participants at the beginning of the plan year		5a 38						
	Total number of participants at the end of the plan year		3	5b 31					
C	Number of participants with account balances as of the end of the complete this item)			5c 26					
62	• • • • • • • • • • • • • • • • • • • •			a. D.					
	Are you claiming a walver of the annual examination and report of								
	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520,104-467 (See Instructions on waiver eligibility and conditions.)								
	under 29 CFR 2520,104-467 (See Instructions on waiver eligibility	and conditi	dent qualified public accountant (IQI ons.)	PA) X Yes No					
Do	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and conditi	dent qualified public accountant (IQI ons.)	PA) X Yes No					
	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	and conditi	dent qualified public accountant (IQF ons.)	YA) X Yes No					
7	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to elither 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities	and conditi	dent qualified public accountant (IQF ons.)SF and must instead use Form 55t (a) Beginning of Year	YA) X Yes No 10. (b) End of Year					
7 a	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets	end conditi form 5500-	dent qualified public accountant (IQF ons.)	YA) X Yes No 10. (b) End of Year					
7 a b	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6e or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	end conditi form 5500- 7e 7b	dent qualified public accountant (IQF ons.)SF and must instead use Form 55t (a) Beginning of Year	(b) End of Year 238,588					
7 a b	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	end conditi form 5500- 7e 7b	dent qualified public accountant (IQI ons.)SF and must instead use Form 556 (a) Beginning of Year 287,37	(b) End of Year 0 238,588 0 0 238,588					
7 a b c	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7e 7c	dent qualified public accountant (IQF ons.)	(b) End of Year (c) (b) End of Year (d) 238,588 (e) Total					
7 a b c	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7e 7c	dent qualified public accountant (IQF ons.)	(b) End of Year (b) End of Year 238,588 (b) Total					
7 a b c	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Not plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	and condition 5500- 7e 7e 7c 8a(1) 8a(2)	dent qualified public accountant (IQF ons.)	(b) End of Year (b) End of Year 238,588 (b) Total					
7 a b c 8 a	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to elither 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	and condition 5500- 7e 7b 7c 8a(1) 8a(2) 8a(3)	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 238,588 (d) 238,588 (b) Total					
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7 a b c 8 a	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).	7e 7c 8a(1) 8a(2) 8b 8b 8b 8b 8b 8b 8b 8c 8b 8c 8b 8c	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 238,588 (d) 238,588 (b) Total					
7 a b c 8 a	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7e 7c 8a(1) 8a(2) 8b 8b 8b 8b 8b 8b 8b 8c 8b 8c 8b 8c	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 238,588 (d) 238,588 (b) Total 5 6					
7 a b c 8 a	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 238,588 (d) 238,588 (b) Total 5 6					
7 a b c 8 a	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	end condition 5500- 7e	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 238,588 (d) 238,588 (b) Total 5 6					
7 a b c 8 a	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to elither 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see Instructions)	end condition 5500- 7e	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 238,588 (d) 238,588 (b) Total 5 6					
7 a b c 8 a b c d e	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to elither 6a or 6b, the plan cannot use F rt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits pald (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see Instructions). Administrative service providers (salaries, fees, commissions) Other expenses	end condition 5500- 7e 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 238,588 (d) 238,588 (b) Total 5 6					
7 a b c 8 a b c f g	under 29 CFR 2520.104-467 (See Instructions on waiver eligibility If you enswered "No" to elither 6a or 6b, the plan cannot use Frt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (toss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	end condition 5500- 7e 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d 8e 8f	dent qualified public accountant (IQF ons.)	(b) End of Year (b) End of Year 238,588 (b) Total 141,961					

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

n			COLOR DIVISION AND	Mala Sarra Mona Laure				
Par		ntario	Ho Co	doe in	the lactacet	ione:		
	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 2G 2J 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:		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		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		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.)	10g	Х			2	6,448	
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					A Ava Wil	
Part	VI Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and comp					Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					X Yes	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 instruc granting the waiver							
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		18d!		
	Enter the minimum required contribution for this plan year		[12b				
	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 onegative amount)	of a	[12d			0	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******) 4 4 2 4 (4 1 4	(1)444	Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res X No	>		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	За					
b	Were all the plan essets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		the co	ontrol		Yes	X No	
С	beer 3-part							
	3c(1) Name of plan(s):	ļ	13	c(2) El	N(s)	13c(3)	PN(s)	
- Cau	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le car	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.								
SIC	SIGN & Round James V10-15-12 LEE CLAUN							
	HERE Signature of plan administrator Date Enter name				s plan edmi	nistrator		
ei.	10-16-12 LEE CLAINC							
	HERE Signature of employer/plan sponsor Date Enter name of i				s employer	or plan spo	nsor	
	- Signature or empreyer eperiors eperiors							

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